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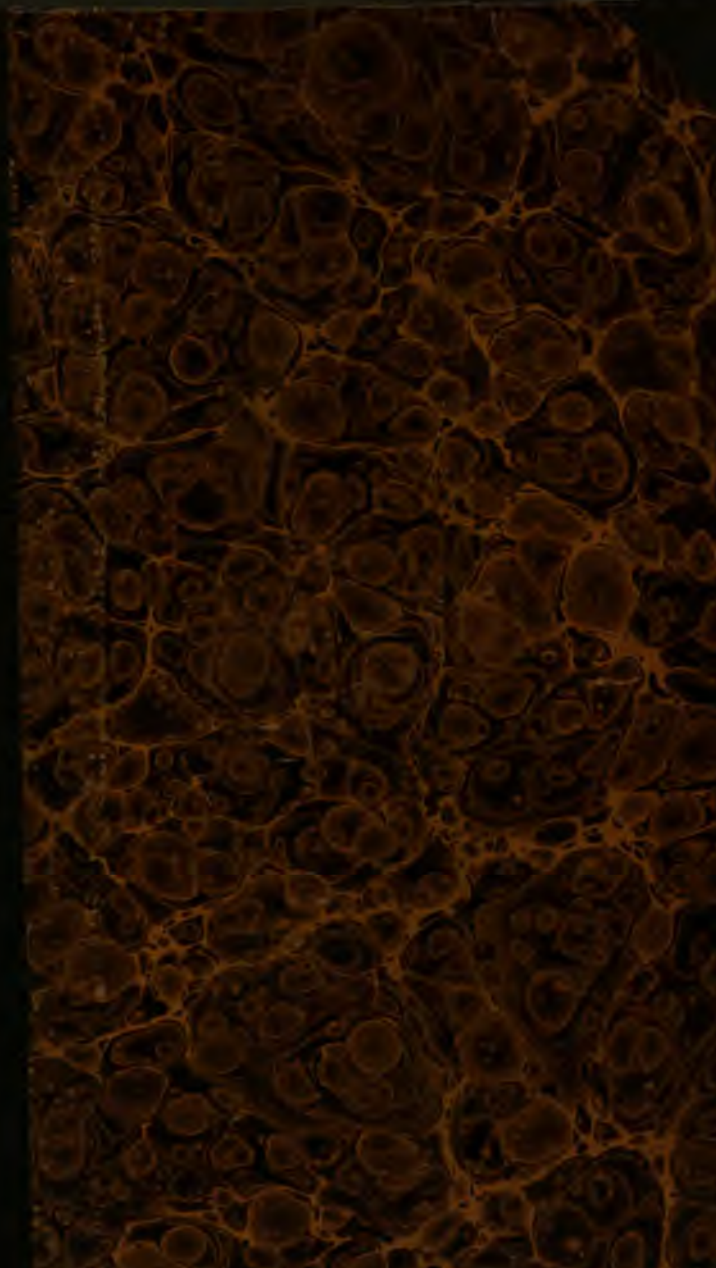
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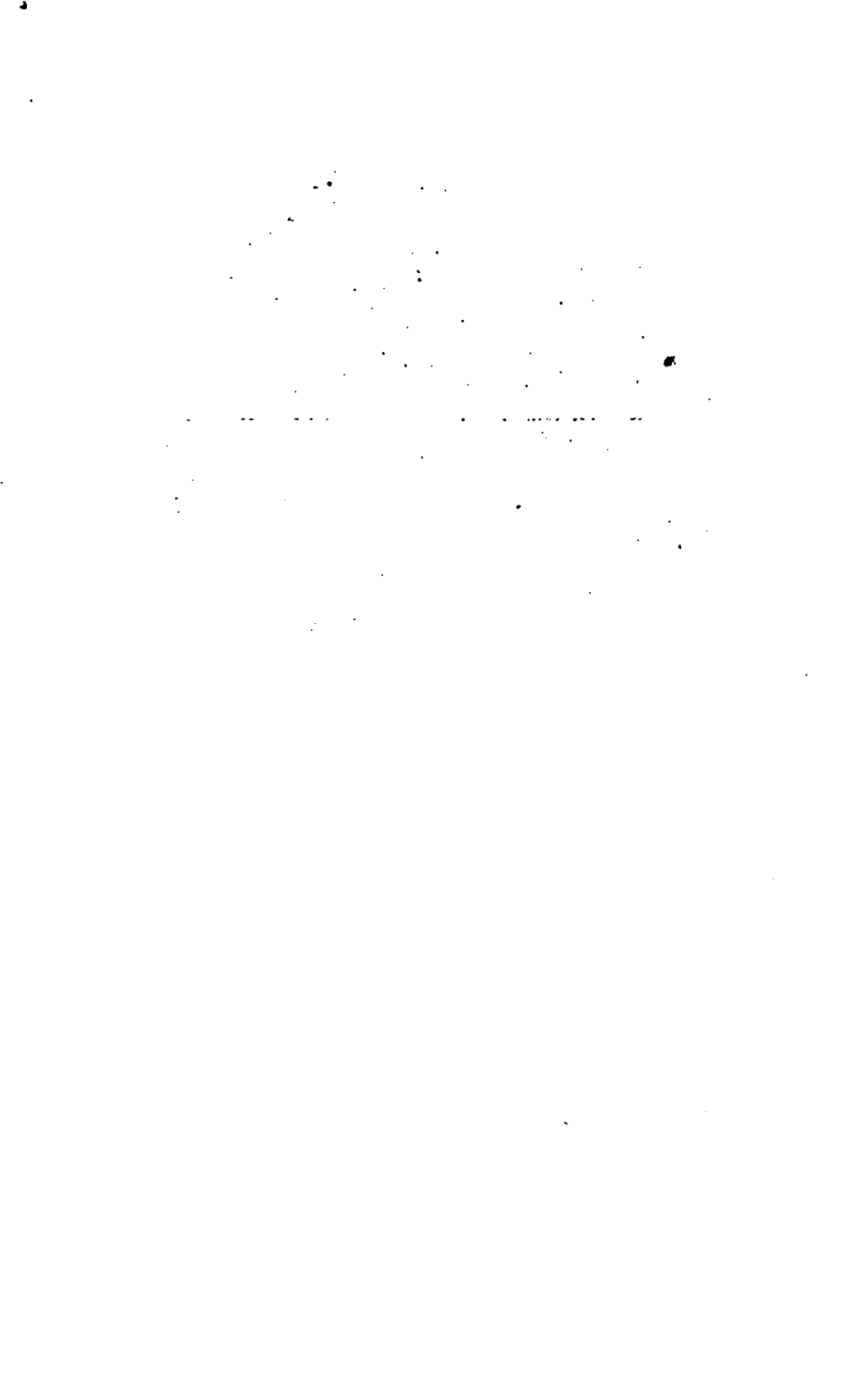
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THE

# Hahnemannian Monthly.

VOLUME THIRD.

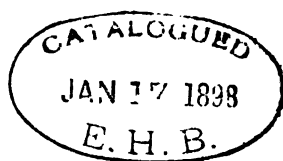
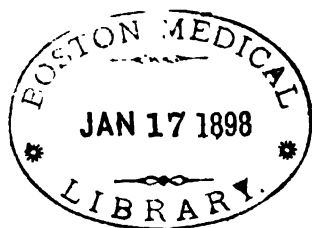
FROM AUGUST, 1867, TO JULY, 1868.

J. H. P. FROST, M. D.  
ADOLPH LIPPE, M. D.  
ROBT. J. McCLATCHY, M. D. } Editors.

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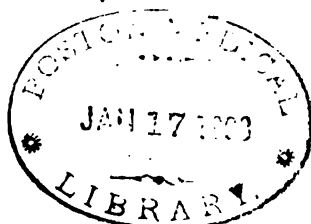
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THE

# HAHNEMANNIAN MONTHLY.

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Vol. III.

PHILADELPHIA, AUGUST, 1887.

No. 1.

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## INTRODUCTORY.

WITH the present Number we enter upon the Third Volume of the Hahnemannian Monthly. The increasing number of the subscribers to this Journal, and the annually increasing number of the students of the Homœopathic Medical College of Pennsylvania,—of which it is the avowed organ,—afford encouraging proof of the approbation of the profession, and of its own usefulness as an exponent of the principles and practice taught and exemplified in the School which it represents.

As heretofore, the Monthly will remain the organ of the College; and its continued publication by the Faculty will furnish sufficient guarantee that it will illustrate the same practice and advocate the same doctrines with those in which their pupils are instructed.

But while the Monthly is thus necessarily the immediate organ of its conductors, they desire neither to lose sight of its relations to the County and State Societies of which it becomes the natural representative; nor to disregard its reciprocal duties to the profession at large, by whom it is supported. In common with our subscribers, we have taken a great interest in the very excellent and almost verbatim

Reports of the able and interesting discussions which have been sustained during the past year in our Philadelphia Medical Society. And as Editors of the Monthly, and in behalf of its readers, we tender to the Recording and Corresponding Secretaries of this Society our thanks for their efficient and valuable co-operation. The same gentlemen, who hold also the same offices in the Pennsylvania State Society, will please accept our acknowledgments for the full and seasonable Reports of this Society, which have already been presented to the readers of the Monthly.

And we wish at the same time plainly to state that we consider ourselves under obligations to the physicians who sustain this Journal, to make it the means of free interchange of opinions, and to afford, in its pages, an opportunity for full and independent discussion of all the great and important themes and principles which belong to the Homœopathic Science and to the Homœopathic Art. Through such discussions, that which is truest and best, we think will be most clearly, rapidly and certainly made manifest to the *higher reason* of the members of the profession. And for the sake of our common humanity, we desire to conduct this Journal, —in accordance with such light and strength as is given us, and with the help of such assistance as may be rendered us,—with the one single object of the best and highest good of the profession itself.

But to return,—in order that our proposal to advocate and teach Homœopathy in its “simplicity and purity,” may be more fully understood; and since our previous explanations of the fundamental principles of Homœopathy, as well as our opinions on disputed and unsettled points and open questions, have in some directions been either so misapprehended or misrepresented as scarcely to do us justice,—we avail ourselves of the present as a suitable occasion for fully and clearly defining the position we have occupied, and which we still seek to maintain. This object will be best accomplished by means of a retrospective view of the condition of our journalism, and of the reasons which influenced us in originating

the Hahnemannian Monthly. And in conclusion we will indicate the particular points of Homœopathic doctrine, in regard to which,—in concurrence with the Faculty of the College,—we have given a decided opinion,—in order that from these, the only sufficient data, the profession may deduce their own just, and, we trust, satisfactory conclusions as to our future course.

In the year 1865,—in which appeared the first number of the Hahnemannian,—there existed but a single (english) Homœopathic Journal which supported Homœopathy by advocating solely the teachings and practice of Hahnemann. This was the American Homœopathic Review. It may be well said that through the instructive pages of the Review, its able and accomplished Editors at once and successfully revived a system of practice which year by year had been becoming less and less Homœopathic,—and which had fallen into this declining state, in part at least, through the ignorance and incompetence of those who were disciples of Hahnemann rather by profession than in reality.

In the American Homœopathic Review, which had for its object the rectification of the increasing deviations from the theory and practice of Homœopathy as left us by Hahnemann,—it was considered and stated that the great diversity of practice among physicians calling themselves Homœopaths, arose from a difference of opinion as to *the dose* only; and the able efforts of the Review to reform errors in Homœopathy were based upon this assumption. A controversy soon arose, on this all-absorbing question of the dose, in the course of which was unmasked the position of that class of physicians who contended that it was not at all incumbent upon a professing Homœopath to believe in the doctrine of potentiation. It became evident that, from a neglect to study, or from an incapacity to appreciate the teachings of Hahnemann, these men either did not comprehend those teachings; or that they were guided by a morbid desire to compromise with Allopathy, and disposed to sacrifice principles rather than a popular professional position. The real

*animus* of the opposition having thus been unmasked through the efforts of the Review, we left this able journal to pursue still further its advocacy and defence of the high potencies; and prepared ourselves to attack the opposition on all sides, and in all the positions which it might successively assume. And for this purpose, and in order that misunderstandings might be avoided and misrepresentations corrected, the *Hahnemannian Monthly* was established, and, in accordance with the terms of the prospectus originally and always subsequently published,—conducted and published by the Faculty of the Homœopathic Medical College of Pennsylvania.

In this manner this journal became the exponent of the principles and practice of Homœopathy as understood, taught and exemplified by the Faculty;—who in their turn became the voluntary exponents of the principles of Homœopathy as understood and accepted by the members of the corporate body which created the Faculty,—viz., the Trustees of the College.

In the charter under which this College was organized, was granted the privilege of conferring the “Degree of Doctor of Medicine, and especially of Homœopathic Medicine.”\* By the terms of this charter, therefore, it became the imperative duty of the Trustees to see to it that a Faculty was appointed, capable of so instructing the pupils of the school, that they could become not only Doctors, but *Physicians* also, or Doctors of Homœopathic Medicine. Doctors were to be educated; the students were required to become possessed of a knowledge of all the collateral branches of medical science, as these are imparted in other, Allopathic, Medical Schools: *physicians* were to be instructed, and thoroughly equipped;—since these same students were also required to become masters in the one only true science and art of healing the sick. As a body politic, therefore, charged by the people with a very responsible duty, the Trustees made it a principle to see that

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\* To the best of our knowledge this is the only charter of the kind which was ever granted to any College.

the Professors,—who were chosen from among Homœopathic physicians,—both held the doctrines promulgated and taught by Hahnemann, and practised in accordance with them;—in order that the students of the Institution might be thoroughly taught these true principles, and at the same time see them applied and demonstrated in the daily public clinics.

Such *harmonious teachings* could only be possible in a school whose principles were, like ours, based upon and in strict accordance with the incontrovertible laws of nature. And as the practical application of a principle will always show it to be correct or otherwise,—so in the present instance this harmonious teaching had a very salutary effect; the students were greatly benefited; in the daily clinics where Hahnemann's precepts were strictly followed, they were themselves eye-witnesses of the good results; and thus they became still further convinced that there was "*certainty in Medicine.*"

The opposite method,—of inharmonious teaching,—as seen in the common Medical Schools, and especially as still more avowedly exemplified in those of the "Eclectics," leads to quite opposite results. It is the vain-glorious boast of the latter that they form a Faculty in which each Professor teaches his own individual opinions, and not one grand system of principles necessarily harmonious because in strict accordance with natural laws. The inculcation of such principles being scouted as bigotry, they unite in asserting that the more heterogeneous are the "opinions" thus set forth, the better it will be for the student,—who is thus left to pick out from these various opinions (or modes of practice) those which suit him best. In so far the student is indeed flattered by being constituted his own guide and teacher!

As an historical fact, however, it is well known that this opposite course, this system of inharmonious teaching, has also its inevitable, corresponding, opposite effects,—it convinces the student that the science and practice of medicine are as uncertain as are proverbially the results of going to law.

But while harmonious teaching has been thought indispensable, and has also been proved to be practically successful, it is by no means to be implied that we think that the various opinions of others should not be presented to the student. "On the contrary, quite the reverse." But we do believe it indispensable that as public Teachers we possess some definite, well-grounded, harmonious principles of our own, as a standard by which these diverse "opinions" may be compared. And such a system of concordant principles and such an infallible standard, we believe we find in the truths taught by the illustrious Hahnemann. In accordance also with his system we have,—in the pages of this Journal,—advocated the teachings of but one form of doctrine, *a single doctrine*, the true doctrine; as well as the single remedy, for the healing of the sick;\* neither a variety of discordant doctrines or rules, or methods of expediency, for the guidance of the physician in healing the sick; nor the simultaneous or alternate exhibition of a variety of remedies for the cure of a single patient.

In conclusion, we now desire to present, in brief, the principles taught in our School and defended in its organ, the *Hahnemannian Monthly*.

If there is any *certainty* in medicine, or in any system of medicine, that certainty must be found in its acknowledged *fundamental principles*, which become the physician's true guide in practice. Without such principles we should be no

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\* The single remedy found an advocate long before Hahnemann taught it, and we refer hereby to the great author "*Cervantes*," vide *Don Quixote*, vol. IV. chapter XIV., where Cervantes makes Dr. Pedro Recio say to the newly appointed Governor Sancho Panza, "Y la razon es, porque siempre y a do quiera y de quen quiera son mas estimadas las *medicinas simples* que las compuestas, porque en las simples no se pueda errar, y en las compuestas si, alterando la candidad de las cosas de que son compuestas."

"The reason is, that simple medicines are generally allowed to be better than compounds; for in a composition there may happen a mistake, by the unequal proportion of the ingredients, but simples are not liable to that accident."

better prepared to proceed with certainty in the treatment of the sick, than are the Allopaths,—or the Eclectics, the avowed advocates of no settled principles or system of principles.

These principles, as they present themselves to our minds, have been *logically* demonstrated, and also still further, *practically* demonstrated, in pages 85–91 and 349–385, of the second volume of this journal. The first principle therein laid down, “*the law of the similars*,” has been apparently accepted by all Homœopathicians. The second principle, “*the single remedy*,” has been thoroughly discussed in this journal, as well as in the pages of the American, and British Review; and these discussions have confirmed us in the belief that this principle is essential to the correct and successful practice of Homœopathy.

The third principle, “*the minimum dose*,” has been misunderstood and misrepresented. And in order to explain fully our views on the “Question of Doses,” a paper on that subject was read before the Philadelphia Society, and endorsed by the Faculty.\* The object of this paper was to show the impossibility of solving this question at present; to state that it remains therefore an open question; and to indicate the class of facts that must be determined before its solution can be expected. And we remark here, that in accordance with the principles of this paper, we have, as Teachers, refrained from laying stress upon the dose to be chosen for the cure of the sick. We believe that a physician who is capable of correctly determining the remedy, will soon find, by experience, *what dose* best serves the end he seeks, of healing the sick. Nay, further, our advice to the young practitioner has uniformly been, *that he begin just where he pleases in the scale of potencies*. Previous to their coming here, almost all of our students have seen practice with the lower or crude preparations, or have themselves employed them; and in order that they might also see for themselves what were the curative effects of the smaller doses, the high or highest potencies,

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\* Vide Hah. Monthly, Vol. II., No. 7., February.

these higher preparations were exclusively given to the numerous patients in the daily clinics. On this question of the dose the largest liberty of opinion has ever been inculcated. But the students, having been already familiar with the one (low) side of the question, were now shown the other (high) side: in order that from the practical results thus observed, they could draw their own conclusions as to the efficacy of these higher preparations; *in order that, by thus witnessing the wonderful healing power of these ultimate, transcendental, Homœopathic potentiations, they might become practically acquainted with the A FORTIORI proof of Homœopathy; and in order that, from seeing the positive and remarkable cures made in many instances with single doses of these higher preparations, they might themselves become profoundly convinced that the fundamental principles of Homœopathy are in essential and necessary harmony with the most interior constitution of man, and of nature.*

We have always asserted that in our judgment, the fact that a physician employed the low potencies exclusively did not prove that he practised contrary to the Homœopathic law; but that he would be very likely to give higher potencies, as his experience increased. And we have always affirmed that the fact of a physician's carrying in his pocket a case of high potencies, afforded no security of his correct appreciation of Homœopathy. And experience has shown the correctness of both these statements; and the well-known fact that some exhibitors of high potency pocket-cases do not hesitate to send Allopathic prescriptions to drug-stores, sustains our views. The legend, "Homœopathic Physician," on a Doctor's sign affords just as much evidence that he is a true follower of Hahnemann, as does a collection of high potencies on his table, or carrying them in his pocket. The real and only evidence of a man's being a Homœopathic physician is to be found in his carefully and conscientiously practising in accordance with Homœopathic principles. And the whole of this division of Homœopathists into high or low potency men, we have always regarded as an absurdity which should be discountenanced by every one.

And, finally, we shall always be happy to give any further explanations which may be desired, of our views on points of doctrine or practice.

**DIARRHŒA, DYSENTERY AND CHOLERA.**

Read before the Philadelphia Homœopathic Medical Society.

BY JACOB JEANES, M. D.

In diarrhœa the stools are more fluid than in health. A vast number of agents have the power of producing it; and it is often intentionally induced by the use of drugs, for the purpose of curing other diseases, or of temporarily overcoming costiveness or constipation. As a means of cure of other diseases, this mode of treatment by purgation is liable to many objections. And, when employed in costiveness or constipation, it generally proves poorly palliative,—often, indeed, increasing the derangement it is intended to alleviate. Purgatives, as the diarrhœa-producing drugs are called, are also frequently employed by physicians, who do not reflect that this is Homœopathic treatment for the cure of diarrhœa. In this practice they are often successful, and would probably be much more frequently so if the quantities of medicine administered were smaller than those they are in the custom of employing.

Laxative or diarrhœal stools must owe their fluidity to the presence of an abnormal quantity of fluid material. This may sometimes be water, but is mostly what we may term serum and mucus. In a cholera epidemic, when the serum preponderates in the dejections, the tendency is towards cholera; and when the mucus is abundant, the tendency is towards dysentery.

Both in cholera and dysentery, in their highest development, there is a complete metamorphosis of the enteric excretions, and the normal fecal odor entirely disappears. Its return, even before there is any alteration in the appearance of the discharges, often affords a good prognostic of approaching improvement. These diseases also run into each other in a remarkable manner. In the serous discharges, transparent as pure water, a mucous cloud is often observ-

able; and in the rice-water discharges, the flocculi remind us of the scrapings in dysenteric stools. The same cause which produces Asiatic cholera also produces dysentery, which is sometimes as speedily fatal as cholera, and attended by nearly the same appearances of collapse.

Unsuitable food, or sudden check of the process of digestion is often the exciting cause of either disease. When the cholera is epidemic, it would seem that the morbid cause has a power to debilitate the stomach to such an extent that many persons who are exposed to its influence find the appetite for food very much diminished during its prevalence. Great care in relation to the diet is therefore requisite where the epidemic cholera is present. The abstinence from fruits and vegetables is not to be commended. On the contrary, as the morbid cause continues operative for many weeks, a scorbutic habit may be the result of such abstinence. And we do find, towards the close of the epidemic visitation, some of the most violent and speedily fatal cases in persons who have carefully abstained for weeks from fruits and vegetables. Yet caution should be observed in their use.

In both cholera and dysentery the thirst is often excessive. In the former, in some cases, every drink of water is followed by discharges of fluid much greater than has been imbibed; and restrictions must be placed on the use of drink. In the latter, the effects of drinking are not commonly so dangerous, but are often very painful, the frequency of the calls to stool and tenesmus being very much increased.

When the violence of the cholera attack has abated, the friends of the patient are often very anxious that he should take nourishment before the stomach is quite prepared for it. Whilst guarding against a too early administration of food, we should be careful not to postpone it too long. When the discharges have ceased for a few hours, and especially when the last evacuations have shown a tendency to the return of normal secretion, food ought to be given. The kind of food which should be given depends much upon the peculiarities of the digestive powers of the patient, his previous mode of

diet, and his cravings. Here it is that the judgment of the physician will be as severely tried as in the selection of medicine for the disease.

As diarrhœa arises from many very different causes, the different cases must require different remedies. It is not necessary to give you a list of these, which would include the greater part of our *Materia Medica*; but we confine our attention to the diarrhœa which results from the epidemic influence, and which is itself the commencement of a cholera attack. The presence of undigested, and, in the existing condition of the stomach, indigestible matters is its exciting and maintaining cause. Notwithstanding the vomiting and purging which have preceded the death of the patient, portions of such matters have been found in the stomach on post-mortem examination. This, together with the immediate relief experienced in some cases from the expulsion of such matters, show what an important part they have in cholera. The best adapted remedies are those which enable the stomach and bowels to accomplish the work which they are endeavoring to perform, namely, that of freeing themselves from the offending matters. The medicines which are most Homœopathically adapted to the individual cases will effect this the best. Yet I take the liberty of calling your attention to Tartar emetic and *Natrum muriaticum* as often being most important remedies in cholera diarrhœa. *Veratrum* is also not to be neglected, as also many other remedies will arise to your remembrance.

As a resolution has been adopted by this Society recommending its members to furnish statistics of their cholera practice, a few remarks on this subject may be allowed.

Statistics to be valuable must be true. Therefore, carelessness in the statements should be sedulously avoided. Unfortunately, statements are now and again made, not, I am happy to say, in this Association, which are of a nature "to make the judicious grieve." For instance, we are told of some physician who has treated hundreds of cholera cases in a single epidemic with a very trivial loss of life. Such

statements, notwithstanding they may have their refutation in the minds of all experienced persons, are mischievous, inasmuch as they are calculated to deceive the inexperienced and to excite hopes of an unattainable success, which are sure to be followed by bitter disappointment. To show that all such statement are necessarily fallacious, I present the following considerations.

Wherever the cholera is very prevalent (and it must be exceedingly so for a physician to meet with several hundred cases in a single epidemic,) it is always very malignant. And, as the mortality of cholera is proportionate to its malignity, which in its turn is greater as the proportion of the population attacked is larger, it follows that the epidemic in which a single physician could meet with so many cases must be very severe. And, if the epidemic be very severe, we will find that, under the treatment of the most successful physicians, the percentage of fatal cases must be considerable. Of this we will be fully assured when we remember that the physician will be called to many cases in which neglect has permitted the advancement of the disease to such an extent that the rescue of the patient will be impossible; and that there will be many other cases where, although early called, the effects of injurious drugs, taken before his arrival, will preclude recovery. Moreover, let each of us look at the number of cases which he has treated in any cholera epidemic, and he will know that all such statements are either monstrous exaggerations or fabrications.

Some may think that the cases to which the physician has been called too late, and those which have been injured by previous bad treatment, might be fairly and rightfully excluded from his statistics. If this be so, what agreeable statistics we ought to have! Ten cases of cholera and no deaths would read very prettily. Fifty cases and no deaths would be very flattering to our vanity. And why should it not be so? Have we not been called too late in all the fatal cases? It is plain that we have been called too late. If drugs have been taken before our arrival, was not the death

of the patient a certain consequence of the drugging? Clearly so. Thus we have two good reasons for excluding deaths from our statistics; and the question arises, why should we put down any deaths at all? The answer to this is, that verisimilitude is needed, and, in order to give verisimilitude, it will be necessary to put in one, two, or three per cent. of deaths. Beautiful and encouraging as such statistics are, they have two serious defects; the first is, that they are not true; and the second is, that they are useless.

Statistics, to be true and useful, should be perfect, not partial, for otherwise they do not present a perfect view of the results of treatment. To be true as statistics, every case should be stated, whether we were called to the patient early or late in his disease, whether we gave any treatment or stood by impotent to act, or whether we ran away. If we saw the patient while the breath of life was yet remaining, it was our duty to endeavor to rescue him. And, whether we performed our duty or not, the case should be reported if we attempted to give statistics of our practice; for in these we should tell truth, the whole truth, and nothing but the truth.

Statistics of disease present another great difficulty, and that is in the decision of what cases of disease are entitled to a certain name; and this is remarkably the case in regard to cholera. Some physicians would require nearly if not quite all the symptoms of the dying condition to exist before they would agree to call a cholera case a case of cholera. For them to consider it as entitled to this name, there should be vomiting and purging of the beau ideal of rice-water evacuations; there must be the inelastic skin, which, when raised by a slight pinch, retains its elevation; the blueness of the hands, as if the patient had been working in blue yarn; the peculiar cramps; the cold surface; the tongue cold to the touch, and the voice dwindled down to the cholera whisper. Any physician who should take this basis for cholera statistics would present a very discouraging view of the success of the treatment of this disease, for his percentage of recoveries, if any, must be exceedingly small.

Other physicians consider that the disease which passes into the condition just described, is and has been the cholera from its commencement. They are, therefore, very anxious that proper attention should be given to diarrhoea in its most simple forms, so that it may be cured in this the first stage of cholera. For many of these diarrhoeas are the cholera just beginning to develop itself, which it does in producing profuse serous or watery discharges. Vomiting is likely to supervene in this stage, even if it has not begun contemporaneously with the diarrhoea. It is true that all diarrhoeas which occur during a cholera epidemic may not be the cholera, although they are to be regarded with apprehension. It must be evident that it is extremely difficult at such a time to know where to draw a line between cholera and diarrhoea. If we imagine a scale, measured for a hundred degrees, extending from the simplest and most innocuous diarrhoea up to death from cholera, you would find some physicians drawing the line at ten degrees, whilst those who only recognize the disease as cholera when it has reached the dying condition, may be said to draw their line at the ninety-ninth degree. Those physicians who consider all vomitings and purgings of profuse quantities of serous or watery matters calculated to induce collapse, and occurring during a cholera epidemic, to be cholera, may be said to draw their line at eighty degrees of the imagined scale. Every degree, from ten to a hundred, would be selected by one physician or another as the proper line of demarcation between cholera and simple diarrhoea. Under these circumstances statistics must be received with caution.

## REPORT ON OBSTETRICS,

Presented to the *American Institute of Homoeopathy*, published in advance of the Proceedings, by permission.

BY HENRY N. GUERNSEY, M. D.

As Chairman of the Bureau of Obstetrics, I have endeavored to secure the co-operation of all its members, in the preparation of a report that should embody the views and suggestions of all. But having as yet received no communication from any of my colleagues, they can, in no way, be considered as either responsible for, or even authorizing, any thing contained in this paper.

And from the fact that I am thus compelled to act alone, and from the pressure of other duties, I have preferred, instead of making a formal and elaborate report, simply to invite the attention of the Institute to a few subjects connected with the general practice of Obstetrics, which have appeared to me to have been overlooked entirely, or, at least, to have failed to receive the consideration their importance demands.

I. And, in the first place, I would invite attention to the great suspensory ligament of the uterus in its relation to uterine displacements. To every member of the profession it is well known that the peritoneum invests every viscus and organ in the abdominal cavity, and that it acts as the grand suspensory ligament to each and all of them.

The peritoneum, passing down on the inner surface of the parietes of the abdomen, and over the fundus of the bladder to the lower fourth of the uterus, is reflected upon and covers all the superior three-fourths of the anterior surface of this organ, its fundus, and its entire posterior surface, and from thence extends to the rectum, &c. The uterus is thus seen to be enclosed in an almost complete fold of the peritoneum, which is itself firmly attached to the abdominal parietes in every direction. At the same time, from the peculiar character and mode of arrangement of this means of support, the

uterus itself is capable of moving in every direction, except downwards, with great freedom, and without experiencing either loss of tone in its attachment or becoming unstable. But it is certain that the uterus cannot sink below its proper level, either perpendicularly or by being anteverted or retroverted, without injury to the natural tension or proper tonicity of its support. Consequently, the uterus cannot be displaced so long as the peritoneum is in a normal state. And in order to cause the displaced uterus to resume its natural position, we have but to administer such medicines as shall restore the normal condition of the peritoneum. When there are mechanical obstructions, mechanical means must of course be employed to reduce the displacement. Thus, in retroversion, the fundus uteri may become so engaged beneath the promontory of the sacrum, and in anteversion, beneath the pubic arch; or otherwise so much displaced, as in extreme *procidencia*, that it may require the use of the finger, the hand, and even of an instrument, to restore it to its normal position. When this is done, we have but removed the mechanical hindrances to a radical cure of the case. For the disease does not in any instance consist in the condition of the womb itself, which may be perfectly healthy, or in the displacement which we have already abolished, for the moment; but in the cause which originally produced the displacement, and which, if not remedied, will infallibly produce it again. This cause will be found in the loss of tone or other morbid state of the peritoneum, or great suspensory ligament. And the morbid state of this extensive and complicated organ, instead of being a mere local weakness, will, in the great majority of cases, be found to be either the natural consequence of general debility, or, as is still oftener the case, the express development of some chronic disease, of some constitutional dyscrasia. It is from such considerations we object *in toto* to the entire class of pessaries and abdominal and uterine supporters. The exhibition of massive doses of morphine, in our opinion, does not more effectually obscure the symptoms of a neuralgic affection,—which it might indeed palliate, but which it could never cure,—than does the use of pessaries, supporters, &c.,

render impossible the radical cure of uterine displacements in the great majority of cases. They have had their day, and in the clearer light of pure Homœopathic treatment, they are cast into the shade, seen to be useless and even worse than useless.

The philosophy of the above mode of treatment is beautifully exemplified in the cure of hernias, even when incarcerated. By means of the indicated remedy, the inflammation is reduced, the peritoneum returns to its normal condition and position, carrying back with it the displaced portion of intestine.

The same principles of strict Homœopathic treatment apply also to all the various organic diseases of the uterus itself, and of its appendages. All the several forms of ulceration of the cervix and of the vagina, and all the various leucorrhœal discharges from these organs, are far more successfully treated by the exclusive use of the properly selected Homœopathic remedy. No topical application of any kind or sort whatever should be used. Even the injection of simple cold water into the vagina for any purpose whatever is decidedly objectionable, and should not be allowed. The more strictly we rely upon the real Hahnemannian principles for the medical treatment of women, from birth to the climacteric period, the more comfortable shall we render the lying-in chamber, and the more certainly shall we provide for the best good of their offspring. In illustration of these principles, and in confirmation of the strict observance of them here recommended, innumerable cases could be adduced in which the most extreme suffering in childbed, where such treatment had not been enforced, has been converted into easy and almost painless deliveries by the careful employment of Homœopathic treatment from the commencement of pregnancy.

II. Secondly, your committee take great pleasure in announcing that it is becoming more and more apparent every day that entire reliance may be placed upon the properly selected medicines in all cases of retained placenta; and that this is equally true, whether the retention occur from want of

contraction of the uterus, or from irregular, spasmodic or hour-glass contractions,—however painful and protracted these disorders may be.

It has been confirmed, by much experience, that the hitherto frightful complication of puerperal convulsions is no longer to be feared by him who has learned to apply the properly selected Homœopathic remedy. This, indeed, is a noble triumph of our art.

And in cases of puerperal hemorrhage, we are no longer reminded of the tampon, the cold douche, or the insertion of ice, as the most efficient agents; since we feel perfectly safe in our certainty of the efficiency of *Ipecacuanha*, *Sabina*, *Chamomilla*, *Belladonna*, *Secale c.*, *Pulsatilla*, *China*, or whatever other medicine may be indicated by the particular condition and symptoms of our patient.

In placenta prævia,—that hitherto most fearful complication which can arise in the practice of Obstetrics,—the members of the Institute and of the profession at large, have reason to rejoice that the great boon, the *ne plus ultra* of a proper method of treatment, has at last been found and proved to be perfectly reliable. We allude to the method proposed by Dr. D. Wielobycki, as described in the fourth volume of the *British Journal of Homœopathy*, pages 43 and 395.

This method consists in simply puncturing the membranes, through the placenta, by means of a female catheter, thereby evacuating the liquor amnii. This is to be done when labor is really advancing, or when no more blood can be lost without compromising the life of the patient. The fearful hemorrhage subsides from the moment the liquor amnii commences to flow, and in a few moments more it ceases entirely,—by reason of the uterus retracting upon itself, and thereby shutting up the patulous orifices of the blood-vessels. As labor advances the child is now forced through the placenta, and delivered as in all normal cases.

If the woman is in labor at our first visit, we do not wait for the catheter, but, with the finger, seek out a sulcus between the cotyledons of the placenta; and, during a pain,

plunge through the membranes, taking care to allow the liquor amnii to pass off very slowly, in order that a prompt retraction of the uterine fibres may shut up the thousands of bleeding pores. By this simple means, all mothers are universally saved, and nearly all the offspring. And we avoid the fatality of the old, painful and distressing method, that of forcing the hand between the placenta and the uterus for the purpose of seizing the feet—a fatality more fearful than that of the deadly yellow fever of Gibraltar, the malignant cholera, or the plague of Smyrna, even under the allopathic practice.

III. Thirdly, your committee would beg leave to enter an earnest protest against the use of anæsthetics in labor, and to urge in support of this protest the following reasons:

1. Parturition is the last act of the grand function of reproduction. That parturition is functional no one will pretend to deny,—then why treat it as a mere surgical operation, and place the pretended subject under the influence of chloroform, thus abusing and degrading one of the most exalted, one of the most sacred functions of humanity?

2. Whilst under the influence of anæsthesia, no opportunity is afforded for morbid conditions to become manifest in the fulfilment of this function, and, of course, no prescription can be made, no matter how much it really may be needed. The welfare of both mother and child may now be sacrificed, whereas under more favorable auspices the real condition becomes manifest, affording indications for *Nux vomica*, *Chamomilla*, *Kali c.*, *Ipecacuanha*, *Coffea*, *Pulsatilla*, *Opium*, *Belladonna*, *Gelseminum*, or for some other medicine, which might contribute to save the lives of both mother and child.

3. By careful study and observation of the parturient woman, much has been learned for her benefit respecting the administration of medicines, and we are only just upon the threshold of what may yet be discovered in this department of our most noble art. But the administration of anæsthetics strikes a death-blow at further improvement in this direction, and will even cause what we already know to fall into disuse.

IV. In the fourth place, your committee would remark that the custom of bandaging recently delivered women has been so long and so generally observed that it might seem out of the question to object to it; and yet I am fully convinced that it is a custom which is injurious rather than beneficial, and one which will ere long be abandoned by all thinking and practical physicians.

The fact that many women make a good recovery in spite of the bandaging, by no means proves that this application is either necessary or even useful.

Our reasons for believing it to be both unnecessary and in many cases absolutely injurious, will now be briefly stated:

1. On reference once more to the natural position of the uterus and to its suspensory ligament, it will be observed that the bandage has the effect to so elevate the fundus as to threaten its retroversion, and at the same time to favor its more ready descent into the pelvic cavity, thus causing prolapsus and finally procidentia.

2. The real object sought to be obtained in bandaging, viz., to lessen the size of the abdomen after parturition, is actually defeated by the means used. For the natural disposition of all muscular structures to contract is absolutely weakened and diminished by the introduction of artificial means, a fact generally admitted. Indeed, we know from observation on a large scale, that the "pot-bellied women" are found mostly among those who have taken the most pains in bandaging during their lying-in period.

3. But the most serious objection to the use of bandages for lying-in women is found in their tendency to cause irritation and to impair the circulation. And we think that this influence may even lead to the establishment of puerperal inflammation. What else could be expected, when the abdomen of the recently delivered woman—which, with all its contents, is in a bruised and tender condition—is compressed tightly together and so confined by a heavy and cumbersome bandage? Is not such a method of procedure contrary to reason and incompatible with sound judgment?

By many, as well as by myself, this practice of dispensing with the bandage has been fully tested, found to be far more comfortable to the patient and promotive of a more rapid convalescence. In women heretofore troubled with prolapsus soon after rising from their lying-in period, no symptoms of the kind now manifest themselves, since, unrestrained by the bandage, and entirely uninterfered with, the uterus is allowed to resume its normal position in a perfectly natural manner.

## A PLEA

*For the Admission of Women to the Medical Colleges and Institutes of America.*

Fellow-laborers in the cause of medical science whose foundation-stone is the law of the similars, and whose advent into the world is only inferior in its beneficent effects to the advent of Christianity,—the former being to the body what the latter is to the spirit,—I would ask your serious attention to the subject of admitting women to an equal participation in the benefits to be derived from association in scientific labors and researches.

Before Christianity entered the world, brute force was the ruling power, and woman, being inferior in physical strength to man, was subjected to his will and kept in an inferior position. But with the advent of Christianity, which taught that all souls are equal before God, a new power was put in the ascendant, and mind gradually became master of the universe.

The law of doing to others as we would that they should do to us, and the command to love our neighbor as ourselves, slowly gaining entrance into the hearts of men, induced them to yield some of the blessings which they had appropriated, to others, and woman was henceforth elevated, step by step, to a social equality with man.

This is indeed a great improvement upon the former state of society, but far from being all that is required to place woman on a positive equality with man, which is her right, and to secure to her and the world all the blessings which will flow from the co-operation of the sexes in all the great enterprises of life. Before this great end can be attained, the old idea that "might makes right" must be abandoned, and woman must be admitted to all the avenues of learning equally with man.

Although Christianity forbids our putting a stumbling-

block in our brother's way, still those in power cling to their privileges as if they were their exclusive *rights*, and act as if their own advantages would be lessened by others enjoying similar ones, and, consequently, it will be a long time yet before woman will be allowed an even chance with man in the race for knowledge and usefulness. Nevertheless, there is no doubt that, in the progress of civilization and the spread of Christianity, all souls will be recognized as children of the heavenly Father, and of right as equal participants in the inheritance given by Him to man.

In our day, for the first time, woman has attempted to gain sufficient medical knowledge to enable her wisely to administer to the relief of suffering humanity as a physician. It is true that, from the earliest period, she has been the greatest agent in assuaging suffering, and an eminent physician, Dr. Rush, being asked by one of his students, whether, on the whole, he thought that physicians had been the means of lengthening human life, replied, "If by physicians you mean to include old women and nurses, *yes*; if not, *no*." Thus attesting the value of her services, even in a state of medical ignorance; and how much more valuable must those services be when guided by the knowledge attained by a careful study of the healing art! Woman has thus far worked under serious disadvantages, and met with little encouragement from physicians generally, yet I would not forget nor fail to be grateful for the warm sympathy and encouragement given her by a few noble men, who, perceiving the justice of her claim and the beneficent effect of her presence in the profession, have boldly asserted her right, and, in the face of prejudice and sneers from those less gifted and less just, striven to help her to obtain it.

Yet, with all these obstacles in her way, she has at last entered the profession of medicine, and it is now demonstrated that she will be employed in healing the sick, whether men help or hinder her. Her presence being admitted, I would ask all who have any sense of their responsibility to God for the use of their privileges, whether, under the circumstances,

it is not required of them to put no obstacle in her way, but rather with simple justice to furnish her the use of the same means they have access to, in order to save her from doing injury through want of knowledge, which they prevented her from obtaining? And, if she is found incapable of becoming a wise and useful physician, she will all the sooner be obliged to retire from the field, and leave them in absolute possession. But, if events should show that the Infinite Father has given her powers adapted to the needs of a physician, and intended that she should share the labors and responsibilities of man in this department of science, I am sure he will not be a loser, but great gainer, by her being fitted as he is to hold an honorable place among the world's benefactors.

It is urged by those opposed to the admission of women to medical colleges, that there is a manifest impropriety in having both sexes present at some of the lectures in a medical course, and that the presence of women would be an embarrassment to the male students.

To this objection I would reply, that women who desire a medical education do not object to the presence of male students; and it is a new idea, not yet fully accepted, that men are more delicate and modest than women.

The truth is, any person who is seeking after scientific knowledge, with the reverence it inspires for all the works of God, hears a lecture on any part of the human body, or its functions, with the same solemn interest, and the same reverence for the infinite wisdom of the Creator that would be felt while listening to a dissertation on the wonderful and complex mechanism of the human eye; and all low and sensual thoughts are impossible to one duly impressed with the importance and dignity of the study of medicine.

If, therefore, any young man is in so low a moral state, and so much under the influence of sensual appetites as to be disturbed by the presence of women during a lecture on any medical subject, the sooner he retires from so noble and humane a profession, the better for him and the world; for he must be wholly unfit to enter upon the duties of a calling

that places him in such intimate relations with women of all ages. But the fact that men seek to have women for their patients, and do not hesitate to attend them in all diseases and under all circumstances, is sufficient proof of the falsity of this objection.

Again, it is urged that, if women must be doctors, let them have separate colleges and institutes, and meet by themselves and pursue their investigations.

To this I would reply, that there are now sufficient medical colleges to educate all of both sexes who desire a medical education; and political economy forbids that money should be wasted in building colleges that are not needed.

In the next place, it would require a century to pass before such colleges could be established with all the advantages of those that have been a century in being endowed.

And again, it is undeniable that, at present, the greater part of medical knowledge and experience is possessed by men, they having had all the advantages which women now seek for ages; and, consequently, the benefit from association in the meetings of institutes must be much greater when their knowledge and experience are communicated than in infant societies, where all are but beginners.

And, again, the colleges now extant are greatly indebted to women for their endowments; and is it just to close their doors to women? It is in accordance with all past experience, that in whatever enterprise men and women have joined, the results have been far more beneficent than when only one sex has had control.

For instance, look at the results of the Sanitary Commission, during our great struggle for the life of this nation. Has there ever been before, in the history of the world, such gigantic results of human efforts for the relief of human suffering?

When men find it for their interest to separate women from them in all the avocations of life, and to establish communities from which they are wholly excluded, and those communities prosper better than those where the sexes are united,

the world may be convinced that women are not needed in the medical profession.

In the barbarous ages of the world, diseases were few and less complicated than in the present state of civilization, and the nice tact and delicate discrimination of woman could better be dispensed with. But at this time there is a large field already white for the harvest, awaiting the skill of woman as a physician, which is now *attempted* to be occupied by man, but with what success the myriads of sick women and the mortality of infants will answer.

Woman, by the instincts of her nature, shrinks from unfolding her peculiar sufferings to man, and thousands yearly go to early graves from this cause who might have been saved, could they have had a woman competent to treat them; whereas, that not being possible, they let the disease get such fearful hold upon them, as to forbid all possibility of cure. In order to understand the sufferings of a patient, similar organs at least are necessary. Men cannot understand the sufferings peculiar to women as women can; neither can women understand the sufferings peculiar to men as men can: this is self-evident.

To woman is given the especial care of infancy; from her breast it is nourished, by her care it is reared; and the All-wise Father, in giving her this charge, did not neglect to fit her for the important work assigned her. Hence her peculiar insight into the signs of infantile suffering, her ready appreciation of infantile disease, and interpretation of its mute appeals.

The great founder of Homœopathy educated his wife for a physician, and admitted her to practice with him, thus sanctioning the presence of woman in the profession, and his example may well be followed by his disciples. The time will come when the world will look back upon the present custom of employing men to treat infants with as much surprise as would now be felt were a mother to employ a man for a nursery servant.

In closing this appeal, we would earnestly ask those engaged in the same calling, in which twenty-five years of our life has been passed, to reflect seriously upon the suggestions given why all obstacles should be removed that impede the entrance and usefulness of woman into the broad field of medical science; that she may at least glean, at humble distance, after the reapers, and save some of the neglected sheaves.

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## TRICHINIASIS.

BY D. R. HINDMAN, M. D.

To the Members of the Homœopathic Medical Society of  
Chester, Delaware, and Lancaster Counties.

GENTLEMEN:—At your Annual Meeting last October, I laid before you a report of a number of cases of trichiniasis which occurred here;\* and as there has been some further development of the disease since then, I propose to lay the facts of the case before you for your consideration. The case referred to is that of Miss Lodie Jordan, aged seventeen, one of the cases mentioned in my former report, and spoken of as having the symptoms in reversed order, and who had so far recovered at that time as to be considered out of danger. The history of the case was given me by her attending physicians, Drs. Ristine and Holmes, who very kindly furnished me with the following report,—which gives such a full and satisfactory account of the case that I insert it verbatim.

“On the 19th of November last, Miss Lodie Jordan, aged seventeen, died, her sickness being marked by symptoms which admitted of no doubt as to their being the result of the previous disease (trichiniasis).

“She recovered in a measure from the acute attack, and continued to improve gradually until within four or five weeks of her death. For a long time, however, her muscular strength was very much impaired; she limped in walking, and dragged her limbs as if they were partially paralyzed.

“At regular intervals of two weeks she suffered from severe attacks of frontal headache, which lasted from twelve to twenty-four hours, and were accompanied by pain in the back, &c.

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\* This report may be found in the December number of the second volume of the *Hahnemannian*.—Ed.

"The lameness gradually wore off, but there remained considerable tenderness of the whole muscular system. During the intermission of pain she was able to be about and participate in out-door amusements with her associates, though she was never able to indulge in active exercise. About the 15th of October, her digestive organs became impaired, the stomach irritable, and she suffered from persistent attacks of hiccough, while the paroxysms of cephalalgia became more frequent and severe. Under a tonic course of treatment her symptoms rapidly improved and hopes were entertained of her ultimate recovery.

"About the 5th of November, the symptoms all became aggravated; headache was almost constant; nausea and vomiting supervened; the bowels became constipated; the catamenia, after making a slight show, became suppressed; the hiccough was succeeded by frequent paroxysms of hurried spasmodic breathing, which lasted but a few seconds, when the respiration again became regular; pyrexia, &c., existed. On the 14th, the symptoms indicated cerebral congestion, involving severe pain in the head; slow, labored pulse; throbbing of the temporals; injected conjunctiva; dilated pupils and delirium.

"Under the use of cold to the head, blisters to the nuchæ and the exhibition of sedatives, these symptoms subsided. The succeeding phenomena were of an asthenic character. There were some febrile movements which had one, and sometimes two exacerbations each, during the day and night, and was followed by diaphoresis; tongue moist and covered with a yellow fur; pulse 112 and soft; blowing murmur with the first sound of the heart; pupils somewhat dilated; delirium constant; respiration normal, except when interrupted by the spells of hurried breathing spoken of above. The delirium was of a mild and quiet character and was accompanied by constant movement of the hands, which continued during sleep. Sleep was only induced by the administration of opiates. The motions of her hands were always associated with ideas suggested by her disordered fancy. She was

making embroidery; forming the deaf and dumb alphabet; riding horseback, &c. From this condition it was easy to arouse her, when she would recognize and converse with her friends, and give rational answers to the interrogatories of her medical attendants. Profuse diaphoresis occurred during the night; a rose-rash made its appearance upon the neck and chest, which quickly faded and again as rapidly returned.

"During the course of the disease the delirium became more profound; it was more difficult to fix the attention; the throat became tender and the voice husky; it was difficult to induce her to put out her tongue—she would make the effort, but seemed unable to accomplish it; her pulse became irregular, confused, imperceptible; a single convulsion ensued and death by asthenia soon resulted. Just previous to her death her mind, which had for some time been obscured, cleared up, and while parting with her parents she expired.

"Tonics and nutrients were employed from the start, and as soon as the pulse began to fail stimulants were freely used, but with no perceptible effect. The diagnosis was nervous irritation, and was based upon the supposition that the muscular tissue was crowded with trichinæ cysts, which induced mechanical irritation of the nerves. An autopsy of the body was made and we think the diagnosis was fully sustained. We were surprised to find, however, that while many of the parasites were found in an encysted condition, the greater portion were perfectly free, and some of them were even found to be active,—coiling and uncoiling distinctly under the glass. One of the worms was seen to lie directly upon a nervous filament.

The thoracic and abdominal viscera were to all appearance perfectly healthy; there was no effusion whatever within either of the cavities and they were perfectly free from smell. We could not obtain permission to examine the brain, but had we done so, we should not have expected to have discovered any lesion.

"Fanny Dagget, who was a subject of the visitation last May, though she seemingly dislikes to acknowledge that she

is otherwise than in perfect health, will admit, when the inquiry is pressed upon her, that she has almost constant pain in her head, with backache, and that her general health is not as good as before her sickness. The others who were affected in May say that they suffer no ill effects from the disease. It is hardly necessary to add that the deceased has eaten no pork since her first sickness."

In the above case, the parasites were found in all muscular tissue examined, and a large number in the diaphragm, but none in any of the thoracic or abdominal viscera.

This is a very interesting case, as the disease was not manifested in the regular order, and the course of the disease was as peculiar as its manifestations. Another peculiarity in this case is that after seven months a majority of the parasites were not encysted, but found free and active among the muscular fibres, which is at variance with some of the theories advanced in regard to the time of encystment, and I think goes to prove that there is yet very much to learn of the natural history of this parasite; as well as in regard to the fearful and much dreaded malady of which it alone is the cause. In regard to the cause of the disease, it undoubtedly arises from eating the flesh of the hog in a rare or raw condition, but what produces the disease in the hog is a question not yet fully answered to my satisfaction; some suppose that it originates with the rat, and the hog is infested by eating these dead vermin, which produces the disease in the latter known as hog-cholera, which is similar to trichiniasis in man. This theory was held by myself as well as other medical men of this place and vicinity, but our investigation of hogs said to have died with the cholera last summer has not carried out our theory, as we were not able to discover the parasite in a single instance, yet these examinations must not be considered final or conclusive, as I am not positive that we examined a single case of true hog-cholera, and my intention is to continue the investigation during the coming summer. Dr. H. Ristine of this city, procured a portion of infested meat from the Jordan family, and fed it to a small pig for

several weeks, and then killed it; at first the pig was sick for several days, but got well and was perfectly healthy when killed,—a microscopic examination could not detect a single trichina; but it is supposed that the parasites were dead in the meat used, as it had been kept in strong brine for six or seven months. I have examined a number of hogs brought in here to market during the past winter, and also a number which were put up for family use, and have not found one containing trichinæ; the other physicians here have examined numbers with like result, and the same may be said of rats which have been examined; and I am inclined to believe that but a small proportion of hogs are infested with the parasites. Dr. G. W. Chittenden, of Janesville, Wis., writes me that he has sixteen cases of the disease, all produced by the same hog, and from eating the flesh raw or underdone, as all who ate of it thoroughly cooked escaped the disease. These cases are all well or recovering, though one of them who had the symptoms in a reversed order, is making a "very slow and poor recovery." He also informed me that two more cases have occurred about fifteen miles from Janesville, and the histories of the two hogs are similar, as both had been diseased with what was there called the blind staggers, but recovered—fattened well, and were put up for family use. The Doctor has kindly furnished me with specimens of pork from both of these hogs, and I find them pretty thoroughly filled with trichinæ, both free and encysted, a portion of which I send with this, hoping with the aid of a good glass the members may all have the satisfaction of seeing them.

MARION, IOWA, *April* 19, 1867.

## TEA AND COFFEE:

## THEIR EFFECTS ON THE HUMAN SYSTEM.

BY I. D. JOHNSTON, M. D.

The duties which pertain to a physician do not merely consist in the administration of pills and powders, but in that which is of far greater importance,—the prevention as well as the cure of disease.

It may with propriety be said, that nine-tenths of all the diseases which afflict humanity, and especially those of a chronic character, might easily be avoided by obedience to the known laws of health. We indulge our appetites and inclinations in violation of those laws until overtaken by disease, which is the penalty we suffer for the “sin of being sick.”

Very little is known by the people at large of the pernicious and disease-producing effects of tea and coffee when used as a beverage. We are convinced by many years of observation, and the testimony of some of the best medical men of ancient and modern times, that very many of the diseases which we are called upon to treat, as dyspepsia, nervous and sick-head-ache, heart diseases, paralysis, epilepsy, neuralgia, &c., &c., are the legitimate and certain fruit of these narcotic stimulants.

No one has written better on this subject than Hahnemann, and the essay which he published upon coffee will endure as long as the English language. He describes a number of diseases induced by this beverage, and assures us that it is a most insidious and dangerous enemy, one which is silently, though slowly undermining the very citadel of life itself.

Dr. Bell, in his “Catechism of Health,” says expressly, that coffee has a “pernicious effect upon the stomach, bowels, and *nervous system generally.*”

Dr. Shurtleff, of Boston, says, “Of all the common beverages drank in society, coffee is decidedly the worst.”

Mr. Graham, in his "Lectures on the Science of Human Life," declares that "both tea and coffee are among the most powerful poisons of the vegetable kingdom."

Dr. Comb, in his work on "Digestion and Dietetics," observes that "tea and coffee not only ruin the stomach, but very seriously derange the health of the brain and nervous system."

Dr. Teste says that "coffee is responsible for perhaps six or seven-tenths of the neuralgias we have to treat daily."

We could extend these quotations so as to form a body of evidence that would be hard to resist, but these are sufficient for the present purpose. Our own experience fully coincides with the testimony above given, and we are convinced that tea and coffee do not only excite all the morbid conditions set forth above, but many more. That they do not do so in all cases, can only be explained by the peculiar idiosyncrasy of each individual case.

To illustrate this subject still further, we will present a few cases which have recently come under our own observation. The first is that of a middle-aged married lady, and mother of four children. She had been subject to violent attacks of sick-headache for many years. They would come on every week or two weeks, and last two or three days. The greater part of the time the patient would be obliged to keep her bed. It would commence with a severe boring pain in the forepart of the head, attended with sickness of the stomach, increased by movement, and especially rising up; vomiting of a green, watery fluid, of an acrid, sour taste. Pain somewhat relieved by placing a bandage round the head. I gave her various remedies, among which were Aconitum, Arsenicum, Belladonna, Bryonia, Chamomilla, Pulsatilla, Nux vom., &c., with only partial success.

Believing tea and coffee to be the chief cause of her difficulty, (though she used them very moderately,) I induced her to abstain from both, and in a few days, to her great delight, she was well, and remained so for two months, when a cup of strong black tea, drank while on a visit to a friend, brought

on a severe attack of her old complaint. Since then she has strictly avoided these beverages, and has no more sick-headaches.

A bright, intelligent lad, ten years old, was in the habit of getting up nearly every night in his sleep and wandering about the house, often crying, and greatly distressing his parents. This boy was completely cured in a week by total abstinence from coffee.

An intelligent lady related to me a few days since a similar case, that of a young lady, who would leave her bed at night crying at the top of her voice, and, if spoken to, would immediately go into spasms. This young lady, too, was cured permanently by avoiding the use of tea and coffee.

The last and most interesting case which I will relate, is that of a married lady, aged 38 years; has always enjoyed good health, and never drank either tea or coffee till within a few years, and then very weak, as she styles it. For the last three years she has suffered with the following symptoms: gradual loss of eye-sight, which is transient, varying in degree, and returning only at intervals. When reading, the letters run together, and she is obliged to desist; sometimes the least exertion of the eyes is attended with pain; at others, great desire for stronger light; after sleeping, inability to open the eyes, the lids feel as if paralyzed; on lying down at night the bed and every thing in the room seem to be turning round, and when in the act of going to sleep, great jerking and twitching of the muscles of the extremities. All these symptoms grew more and more aggravated; her eyes became so weak and painful that at times she could not read half a dozen lines at a time, nor do any kind of fine needle-work whatever. Glasses were of little or no benefit, and my patient became seriously impressed with the belief that, to use her own words, she would "go entirely blind."

Up to this time, February 1st, she had taken various remedies in different strengths, from the 30th to the 6000th potency. I had consulted several physicians with reference to the case, but all to no purpose. I had fre-

quently told my patient that it must be tea or coffee that affected her thus, but her reply would always be, that "I drink so little, it can't be that." However, things began to wear a serious aspect, and my patient resolved to abstain from these favorite beverages. At the end of one week she could read six editorial columns of the Tribune without difficulty. The vertigo, paralytic weakness of the eyelids and the twitching of the muscles have all vanished, and up to the present time she has remained comparatively well. Several times has she taken a cup of tea or coffee to confirm the truth of this matter, and invariably has it been followed by a return of the same morbid conditions.

We could cite many more cases to prove the baneful effects of tea and coffee upon the human system. Those we have presented are, we think, sufficient to call attention to the importance of the subject, which we believe to be greatly underrated by a majority of the physicians of our school. Indeed, we have been surprised to find that some of us, calling ourselves Homœopathic physicians, have sanctioned the use of tea; yea, even coffee, while under Homœopathic treatment. Can it be that the teachings of Hahnemann are a farce, and that we are practising a delusion? Or, are we gradually but steadily floating into the dusky maze of eclecticism, where we are certain to reap the reward of all those who follow in its footsteps?

It does seem to me that we, as Homœopathic physicians, who claim to be in advance of our brethren of the would-be "regular," "legitimate," "orthodox" persuasion, should discountenance the use of these disease-producing agents, not only while the patient is under treatment, but also as a common beverage. For how can we expect to cure a disease by the administration of remedies while the exciting cause still remains to exert its deadly influence and prolong the suffering of the patient.

## THE "EXPOSITION UNIVERSELLE."

LETTER FROM W. L. ARROWSMITH, M. D.

MY DEAR SIR:—

I was most agreeably and profitably occupied in Paris, although I was disappointed with the display of medical preparations in the "Exposition Universelle." With the exception of Drs. Hyrtl of Vienna, and Brunetti of Padua, there was little novelty or improvement on the exhibitions of '51 or '62. Dr. Hyrtl exhibits anatomical preparations of the female placenta, injected,—it is difficult to conceive any thing more minutely and exquisitely done, and Dr. Brunetti shows a collection of anatomical objects put up unique of their kind, and, although analogous preparations may be found in other sections of the Exposition, these certainly have no rival; they are prepared and conserved by a new process, the invention of the exhibitor. Dr. Brunetti is one of the most distinguished professors in the University of Padua, a school which formed Harvey and Morgagni, two of the greatest names in modern medicine, and he teaches pathological anatomy in the same chair formerly filled by Morgagni.

Dr. Brunetti told me that long and patient study, occupying years, led him to the invention of a process for the conservation of the organs of man and of animals. This method has, above all others hitherto known, the advantage of not altering the form or the structure of the tissues. Dr. Brunetti invited me to examine with the microscope some of his preparations, and I was thus able to judge with what art the parts the most delicate and fine of the tissues were conserved. Besides this, the objects thus prepared resist the action of exterior agents, and, to make use of the words of the Professor, their duration is eternal, if such a word is applicable to the works of man.

These preparations are perfectly desiccated, and are exempt from those offensive odors which exhale from anatomical objects prepared after the ordinary methods.

But it is in the conservation of the viscera that the preparation of Dr. Brunetti, so minute and so delicate, appears in its greatest superiority. Neither models in wax nor the petrifications of Guy, nor the methods of desiccation employed by the Capuchin monks at Palermo, preserve with the same degree of exactitude (as the objects conserved by the method of Dr. B.) the details the most minute of the structure of the intestines, the lungs and the heart.

The number of objects exhibited by Dr. Brunetti is considerable, and form in themselves a small museum. Amongst these there is one of very remarkable excellence and perfection; it is a human heart prepared in 1866. The "cadavie" from which it was taken was that of a Venetian who died in the Italian war with Austria. Dr. Brunetti told me that the idea suggested itself of symbolising by its means the "plebiscite" of the Venetians who died for their country before the deliverance of Venice, and the Professor made a present of this heart to Victor Emanuel, on the occasion of the annexation of Venice to the kingdom of Italy, accompanying the gift with this epigraph, "*Anche questo cuore ti volera suo re.*"

Another notable piece in the collection was a human kidney—under the microscope the corpuscles of Malpighi were distinguished with the greatest ease. But the culminating point of interest to the medical student was the preparation of four tuberculous lungs. No. 1 is the lungs of a female, age thirty, who died a few days after the commencement of her illness, with typhoid symptoms. On cutting through the lungs the surface exposed will be observed to be, as it were, sown with millet-seed form tubercles. The Professor remarks on this case that the acute stage of the disease had not been preceded by any symptoms of chronic tuberculosis. No. 2 is a right lung with chronic tuberculosis. In this specimen is to be seen the fibromorphosis of tubercle. No. 3

is a specimen of chronic tuberculosis of the lungs, which leaves nothing to be desired by the student of pathology. In this lung are to be observed the formation of secondary tubercle, of tuberculous masses of tuberculous infiltration, the cavities and the phases of cicatrization of the latter. No. 4 is the left lung of a case of extreme importance. The superior cavity has obliterated the superior lobe, which no longer exists. This cavity communicates with the inferior ones, leaving the great arteries untouched by the disease, and it is astonishing how these could have resisted the destruction of tissue going on around them. By these preparations Dr. Brunetti has enabled the pathological student to follow the evolutions and progress of phthisis from the granulation as small as a millet seed up to the tubercle as large as a nut, and to the enormous cavities as large as a hen's egg.

I noticed also the remarkable series of hearts cut in a manner to show the smallest details of the structure of this organ. As specimen of a diseased heart, I cite the preparation No. 31, in the Professor's catalogue; it is the heart of Dr. Mugna, one of the medical celebrities of Italy. Dr. Mugna thought that after having passed a life devoted to the service and succor of his fellow-men, he still might be useful to them after death, and he left his body to the Faculty of Padua, to be dissected for the benefit of the students. Dr. Mugna was pleased in the last days of his life, in describing to his friend Dr. Brunetti the symptoms of the malady that was killing him, and also the lessons that would be found in his heart. His diagnosis was fully confirmed after his death. I was glad to hear, while in Paris, that the labors of the worthy Professor were to be rewarded by a gold medal and a sum of money. It is to be hoped that this may take place, and that Dr. Brunetti may find a substantial remuneration for one of the most notable and useful inventions among the many which distinguish the Great Exposition of 1867.

## CLINICAL CASE.

Read before Central Homœopathic Medical Association of Maine.

BY F. W. PAYNE, M. D., BATH, MAINE.

Mrs. J., aged about seventy years, had been troubled for two weeks previous to my prescription with painful inclination to pass urine. Was obliged to pass urine every few minutes, with burning, smarting, during the passage of a few drops, with chills over the whole body, extending to the finger's ends. Better at night or when lying down; worse in the day or when sitting up; discharge of urine every time she coughs; she has had several similar attacks, but never so severe as at this time. Gave *Caust.*<sup>600</sup>, next day better; gave *Sacc. lact.* 2 powders, two days later still better, nearly well; gave another dose of *Caust.*<sup>600</sup>, trouble entirely removed. Under the proving of *Caust.* are found the following symptoms, viz.:—Frequent and painful desire to urinate, with emission of a few drops at a time; frequent pressing desire to urinate, followed by chills; involuntary emission of urine when coughing; burning in urethra when urinating; better when lying.

I had prescribed remedies previously, such as, *Althea*<sup>1</sup>, *Puls.*<sup>30</sup>, *Cop.*<sup>3</sup>, and *Canth.*<sup>30</sup>, before seeing her at all; afterwards, when seeing and examining the case, her symptoms were more fully and accurately ascertained, and the symptoms "frequent pressing desire to urinate, *followed by chills*," and "involuntary emission of urine when coughing," pointed directly as characteristic symptoms to *Caust.*

## NOTICES AND NEW PUBLICATIONS.

**GRAMERCY PARK HOUSE.** Curtis Judson, between Twentieth and Twenty-first streets, near Fourth avenue, New York.

A beautiful engraving, which we have before us of this extensive and strictly first-class hotel, reminds us of the important part it played in the recent drama of the American Institute of Homœopathy. Here were to be found nearly all the members from Pennsylvania and New Jersey, besides many others from the far East and from the extreme West. The home for many years of an eminent Homœopathic professor and surgeon of New York, the Gramercy Park House, situated in the very heart of the city, will always be found just the place for every physician, and for "any other man" no less, who desires the perfect quiet of a well-ordered family, with all the conveniences and luxuries of a hotel of the first order,—for such is the institution as conducted by Mr. Judson and his courteous and gentlemanly assistants.

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**OBSTETRICS AND DISEASES OF WOMEN AND YOUNG CHILDREN.** By H. N. GUERNSEY, M.D.

This long-delayed work has at last been emancipated from the press, and is now in the hands of the binder; from an early copy of the sheets, already in our possession, a review of the work is being prepared, which will appear in the September number of this journal, simultaneously with the publication of the book itself.

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**DIPHTHERIA:** as it prevailed in the United States, from 1860 to 1866, preceded by an Historical Account of its Phenomena, its Nature, and its Homœopathic Treatment. By C. Neidhard, M. D., late Professor of Clinical Medicine in the Homœopathic Medical College of Pennsylvania. New York: Wm. Radde, 1867. Pp. 176.

In this monograph, Dr. Neidhard has presented the profession, as the fruit of extensive reading and large experience, with the most learned, elaborate, and exhaustive treatise which has yet appeared in the English language, or in any other, on Diphtheria.

THE PHYSIOLOGY AND PATHOLOGY OF THE MIND. By Henry Maudsley, M. D., London. D. Appleton & Co., New York. 1867.

We can but announce the reception of this important work, and promise in the September number of the Monthly an examination of some of its most remarkable features.

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DEPARTMENT OF MATERIA MEDICA.—For the better development of the Materia Medica, we have established a special department of the Monthly, to be devoted to this subject, and placed it under the care of W. JAMES BLAKELY, M. D., of Benzingen, Elk county, Pennsylvania, who, in the first volume of this Journal, made his *debut* with the very valuable proving of *Merc. proto-jodatus*.

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THE DELAY in the issue of this number we trust our friends will excuse, in consideration of the importance of the matter which it contains,—the one having been dependent upon the other. In future we shall be better able to secure the *seasonable appearance* of the Monthly.

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A SPECIMEN NUMBER.—This, the first number of the third volume, a Journal which is now permanently established, is sent as a specimen copy to a number of physicians who have not heretofore been subscribers; but it will be continued only to those who notify us to that effect.

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ROSINE ASYLUM, GERMANTOWN.—M. M. Walker, M. D., a late graduate of the Homœopathic Medical College of Pennsylvania, has been appointed attending physician to this institution, and also to the Bethesda Home, where more than fifty children are supported. Thomas Moore, M. D., is consulting physician for both.

## PHILADELPHIA HOMŒOPATHIC MED. SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.

AN adjourned meeting of the Society was held at the College Building on Thursday evening, July 18th.

The President being absent, H. N. MARTIN, M. D., was called to the chair.

The minutes of the June meeting were read for information.

MALCOLM MACFARLAND, M. D., was proposed for membership by Dr. Frost, and EPHRAIM K. BANCROFT, M. D., by Dr. H. N. Guernsey. On motion the rules were suspended, and the above gentlemen elected to membership.

Dr. JACOB JEANES then read an able and suggestive article on *Diarrhœa, Dysentery and Cholera*, (this paper will be found in another part of this number of the Journal.) A vote of thanks was, on motion, extended to Dr. Jeanes for his essay.

The reading of the paper was followed by an interesting discussion, taken part in by a number of the members.

Dr. VON TAGEN said that he had not had much experience with cholera, but that in 1858 he had had in his own person a very severe attack of something very like that disease. There was no epidemic of cholera at the time, but a severe form of cholera morbus prevailed at several places in Canada, (where he then was,) particularly at Montreal. He was attacked very suddenly in the night, after having partaken freely of fruit throughout the day, and had cramps, copious vomiting and purging, and so great was the prostration that he was unable to get from one room into another where his medicines were. He swooned three times through the course of the night. The ejections were of the characteristic quality. He remained for ten days in a very prostrate condition. He was not prepared to call this a case of genuine Asiatic Cholera, but would like to know how and where the distinctive line is to be drawn. Has had a number of cases very like cholera, with most of the phenomena. He would like to know whether, in the event that they had continued without treatment or without being relieved, they would have continued on to genuine cholera. One case in particular he was called to at four o'clock in the morning. The woman had very many symptoms of cholera, though he did not so report it. The woman complained much of coldness, tremors passing over her. Several days before this attack she had complained of irritability of the bladder, and urging to urinate. *Camph.*<sup>200</sup> and *Arsenicum*<sup>200</sup> were given in this case.

Dr. J. C. MORGAN said he did not rise to answer the question propounded by Dr. Jeanes in his paper, and reiterated by Dr. Von Tagen. We cannot, however, build up safe and reliable statistics until it is definitely ascertained and settled as to what constitutes a case of cholera. He had had a case of *enteritis* that might possibly been mistaken for a case of cholera. *Veratrum* relieved the vomiting and purging, but left a case of congestion of the bowels.

There appears to be no absolute certainty in medical diagnosis unless you have the distinctive physical signs. In congested conditions of the bowels it seems almost impossible to decide as to the true condition. There appears to be a close resemblance between cholera and some forms of congestive fever. When in the army his regiment was at one time located below the water level, upon land subject to overflow and sodden. Beside this a field near at hand was used for privy purposes. The exhalations from fecal matter were sometimes almost unbearable. The men laid almost on the ground. Everybody had the diarrhœa.

There was great tendency to venous congestion, with symptoms of collapse coming on and speedy death. The deaths were reported as from *general debility*. In one case that he saw there was vomiting and purging, cramps in extremities, blueness and other cholera symptoms, and another—a key-note for *Cuprum*—*deathly feeling of constriction beneath the sternum*, a constriction of the diaphragm probably. This was much like a case of cholera. How are we to determine what constitutes a case of genuine cholera? As Dr. Gardiner has shown, the most rational symptoms appear to be unsatisfactory to the Board of Health. Dr. M. said he would like to obtain some information regarding the value of narcotics and their general effects in cholera. He was of the opinion that in many cases where we use and depend on *Ars.*, *Carbo veg.* and others recommended in collapse, we would do better by turning our attention to such remedies as *Opium*, *Tobacco*, *Nicotine*, *Hydroc. ac.*, *Nux vomica*, and even *Secale*.

Dr. JEANES said, that he would consider Dr. Von Tagen's case to have been one of cholera morbus, unless a number of other cases appeared about the same time in or near the same locality. The morbid influence produces a disease which is generally severe and dangerous, and which is often fatal in a very few hours. But much depends upon the intensity of this influence. In some places it may be so weak that the fatality will not much exceed that of ordinary sporadic cholera. In other situations the proportion of the cases to the population may be very large, and then the mortality will be very great. In 1832 the river fronts of Philadelphia were the most severely visited, whilst in the central parts of the city there was but little, comparatively, of the disease, with the exception of the City Prison, then on Broad street, where a very large number of the inmates were attacked within a few hours, and the mortality was dreadful. In 1849, when the epidemic existed in the city in a mild form, the disease appeared in the Bucks county alms-house, and in a very short time carried off eighty in a population of less than double that number, being over fifty per cent.

In regard to the use of the narcotics in cholera, he would state that when they operated in a manner directly the opposite of that in which they were intended and expected to operate, good had sometimes resulted. Thus, Laudanum and Camphor when acting as emetics, which they sometimes did, really assisted the stomach to discharge its irritating contents, and thus aided in arresting the disease. He had also known of some cases where *Nux vomica*, in Homœopathic preparation, had been said to be useful in cholera-like disease.

As to collapse, he thought that Dr. Morgan went more deeply into pathology than he felt inclined to follow him. The fact that, in cholera, there were enormous discharges of the serum of the blood, led him to regard the collapse as being mainly the result of this drain from the system.

Dr. MORGAN thought that he had been misapprehended, when speaking of objective symptoms. He did not mean to draw a distinction between pneumonia and cholera, but between rational signs and physical signs. This shows the importance of having definitions correctly drawn before an argument is commenced. He regarded the *subjective* symptoms as those—the sensations of the patient—that we can get from him alone. We are called to a little child. We see the face flushed, starting on going to sleep, crying continually: the child is teething. We give *Bell.*, and the child gets well. The child has not *told us* of a single symptom; they are not pathological strictly, but they are all *objective*. Again, we are called to see an adult. He is in a dark room, because he cannot bear the light. We cannot see the flushed face, but he says he is hot, and has to drink hurriedly; he has a sore throat. We give *Bell.* here, and he gets well. Here the same conditions are *subjective* or *objective*, as the case may be.

In diagnosing diseases of the chest, we place our ear to the chest, and we hear certain sounds; these sounds indicate certain conditions, and we say it is a case of pneumonia. We can tell it from pleurisy, for that disease has its distinctive phenomena. There are *physical signs*, leading to a correct diagnosis, that cannot be gainsaid; but in cholera, it appears to be different; the most eminent men are unable to decide.

DR. VON TAGEN related that he had had last summer a colored man for a patient, whom he found with watery discharges resembling brewer's yeast, cold tongue, and cold skin. He might have suspected this as a case of cholera, but found that the man had diarrhoea for six weeks previously. He lived in a poisoned atmosphere, and his stools remained for some time in the room with him. He died in twenty-four hours after the doctor was called, from sheer exhaustion. If he had been properly cared for, he would, doubtless, have lived.

DR. MORGAN—Dr. Jeanes is of the opinion that collapse in cholera is owing to loss of serum. But what causes that loss of serum? It is owing to a condition of hidden venous congestion. It is this extreme condition of venous congestion that causes the drain of serum.

DR. H. N. MARTIN made some further remarks regarding the case alluded to by Dr. Gardiner at the last meeting. The visitor from the Board of Health simply asked a few questions about cramps, vomiting and diarrhoea, and did not ask to see the attending physician at all. A note was then sent that it was a case of *mild cholera morbus*, and that they were so clean that they could not have the cholera there.

DR. DAVID JAMES—There certainly is a distinction between cholera and cholera morbus, and we should discover in what it consists. In 1832 there was no difficulty in distinguishing cases of cholera. From observations he had made through a series of years, he was disposed to attribute cholera to the existence of an animalcule in the atmosphere; and this view has been recently confirmed by others. Whenever an epidemic of cholera appears, there has been a peculiar mist preceding it. Wherever that mist is, there will be cholera, even if on one side of the street only, and not on the other. If we kill this animalcule, we will kill cholera. In the epidemic of cholera last summer, he had had no difficulty, by keeping his patients strictly in a recumbent position and using *Camphor*. He believed that *Camphor* cured by killing the animalcule; and by keeping the patients in a recumbent position, the loss, and consequent weakening by the discharges, is in a measure overcome.

DR. C. HERING stated that it was Hahnemann who had first broached this theory, in 1830, *before the advent of cholera, and it was then that he had recommended Camphor*.

The hour of adjournment having arrived, on motion, the session was extended fifteen minutes.

DR. JEANES—It is not so very singular or extraordinary that we find difficulty in distinguishing bad cases of sporadic cholera from that which is produced by the epidemic influence. In catarrhal epidemics, such as frequently visited us in the olden time, when they were known as *influenzas*, it was difficult to distinguish the epidemic catarrh from the sporadic; and should we be visited by an influenza so severe as to produce epidemic pneumonia, the same difficulty would exist of deciding whether a case belonged to the one or other form of the disease. The physical signs would only enlighten us as to existence of pneumonia, but not as to its originating cause.

DR. MORGAN then read the detail of a case of tapeworm successfully treated at the clinic of the Homœopathic College, in which the free use of good fresh butter formed a prominent feature of the method of cure resorted to.

On motion, the thanks of the Society were tendered Dr. Morgan for his interesting clinical contribution.

The Society then adjourned to meet on the third Thursday in August.

## CENTRAL HOMŒOPATHIC MEDICAL SOCIETY OF MAINE.

QUARTERLY MEETING, AUGUSTA, July 16, 1867.

Dr. PULSIFER in the chair :

The report of Dr. Pulsifer on Typhoid Fever was called. The Doctor said he had been unable to prepare a report for want of time. Being requested to give his experience verbally in the use of remedies, course of the disease, &c., he gave the following :

*Acon.* Rarely required, but sometimes uses it in the first stage when the chills and fever are very marked.

*Bry.* The chief and great reliance in most cases. It corresponds with the general genius of the disease, and is most frequently required in the first stages, particularly with tendency to inflammation of the lungs and absence of diarrhœa.

*Bellad.* Severe headache, flushed face, delirium and general predominance of head symptoms.

*Rhus.* Much depression, weakness, dry, red, dark tongue, sordes on the teeth.

*Phos. ac.* Diarrhœa when very prominent and persistent.

*Mur. ac.* Diarrhœa when *Phos. ac.* fails; disease seems taking a bad turn. Patient inclined to slip down in the bed.

*Hys.* Delirium, when *Bell.* fails; active delirium.

*Ars.* Prostration, restlessness, bad diarrhœa.

*Carbo. veg.* Cases tending to fatal collapse.

The duration of typhoid fever is from two to four weeks. It will more commonly overrun three weeks than fall short of two. Remedies will often control and modify the disease, that the patient will improve very much, being able to be up and around some, but will keep along, neither sick nor well, until the turning point. Has rarely seen any marked crisis. Sometimes at the turn of the fever a profuse sweat breaks out. Patients seldom have a second attack of this disease if the bowels are prominently affected in the first attack.

Some cases appear to be doing very nicely, are even convalescent, but are all at once seized with sudden severe pain in the abdomen, which is also very tender; hiccough, vomiting and prostration, showing perforation of the intestine. Have had two such cases. Think they occur from over-eating, but more frequently from too much exertion. One case came on while the patient was turning in bed, the other just as the patient was retiring to bed.

Have had several cases of hemorrhage from the bowels, some of whom recovered. The remedies for this complication are Alumina, China, *Ipecac.*, *Mur. ac.*

Dr. THOMPSON: Do you not think that a relief of the bowels, from masses of fecal matter, by a cathartic, may do much good if taken in good season? I do not wish to be understood as recommending the use of a cathartic, for I do not use them, but I think a beneficial effect often results from the use of mild physic taken at the right time. It removes masses of fecal matter that might prove irritating to the bowels, and the quiet that follows its action also does good.

Dr. PULSIFER: Nature will produce the quiet much better without the cathartic. Nothing is better than constipation in this disease. Those cases do best which go a long time, one or two weeks, without

stool. Cathartics do great harm, and only harm. Allopathic treatment is much worse than nothing in this disease. Cathartics given domestically, in the beginning, often do great harm. I treated a boy in a family a few years ago, who did well and made a good recovery. Soon after a daughter was taken sick with the same disease. The family resided some distance in the country, and the father had not much confidence in the "do nothing" treatment, and had a brisk cathartic administered to the girl, "to throw off the fever." Some days after he came for me to desire my attendance on his daughter. She was very sick indeed, fainting at every stool, and the stools very frequent. She was much sicker than the son, and the whole was the effect of the cathartic, as I believe.

DR. SAVAGE, BOYNTON and BELL declare that cathartics invariably do harm, no matter at what stage of the disease they are given, hastening the development of the disease, favoring the production of tympanitis and diarrhoea, and much aggravating the whole condition.

DR. SAVAGE had a case that went eighteen days without stool, and knew of one in the practice of Dr. W. E. PAYNE that had no stool for twenty-three days.

DR. BELL had a patient who had no stool for *thirty-three* days. The patient was a man over fifty years of age, too old a man to be subject to typhoid fever as a general rule, but he had it after it had made the tour of his family. About the turn of the fever had a severe hemorrhage from the bowels, controlled by Crocus<sup>100</sup>, after which the bowels were not moved for thirty-three days. Patient made a good recovery.

DR. SAVAGE: The chief remedy with me is Rhus, particularly when the petechiæ are present. Lach. has a smooth, red, pointed tongue.

DR. BOYNTON: *Sulphur* should be mentioned, having stools constantly changing, and the patient falls asleep immediately after stool. When Hyos. is indicated, the patient sometimes gets under the bed and wants to strip himself.

DR. BELL: *Acon.* is seldom or never required in typhoid fever. It does not at all correspond to the genius of the disease. *Bry.* is often required, and the prominent indications are, much fever, headache, thirst, drinking not often, but large quantities at a time. Mild delirium, desire to go home, talking about the business of the day.

*Bell.* Much active delirium, worse after sleeping, with drowsiness. Thirst for small quantities of water often. Starting up suddenly out of sleep. Desire to get out of bed or into another one.

*Hyos.* The indications given by Dr. Boynton, and every thing looks too large. Patient frequently looks at the hands, saying they look very large.

*Verat.* Much thirst for very cold or acid drinks. Desire for acids and fruits. Painful, profuse watery diarrhoea.

Almost any remedy of the *Materia Medica* may become indicated in typhoid fever by the presence of its peculiar and characteristic symptoms.

DR. F. W. PAYNE reported a case of much interest, showing the effect of Caust.<sup>1000</sup> in an old and obstinate case of strangury.

DR. THOMPSON reported a case of long standing and in a young man, which has now been steadily improving for two months, after one dose of Ars.<sup>100</sup>. He had been previously treated allopathically many months, and Dr. Thompson has much doubt whether the active medication thus received is not doing more towards the cure than the Ars.<sup>100</sup>.

Of neighboring physicians who had been invited to send reports of cases from their every-day practice two responded.

## WESTCHESTER, DELAWARE, AND LANCASTER COUNTY SOCIETY.

DR. JOHNSTON'S OFFICE, KENNET SQUARE,  
CHESTER COUNTY, May 7, 1867.

Meeting called to order by Dr. JOHNSTON, the Vice-President.

Minutes of last meeting read and approved.

Present—DRS. JOHNSTON, JONES, MERCER, C. PRESTON, M. PRESTON, SMEDLEY, and J. B. WOOD.

DRS. C. S. MAHON, of Smyrna, Del., and H. C. WOOD, of Westchester, were visitors.

On motion,

*Resolved*, That the Secretary be not restricted in publishing the proceedings and communications of this Society to the Hahnemannian Monthly, but to any respectable Homœopathic medical journal of the United States. Carried.

A very interesting communication from Dr. D. R. HINDMAN, of Marion, Iowa, on "Trichiniasis," read, accepted, and filed.

Dr. M. PRESTON presented a report of cases of croup, one cured with one dose of Kali bichrom.<sup>200</sup>; another with one dose Tartar emet.<sup>200</sup>

Dr. J. B. WOOD reported a case of croup with ropy expectoration, relieved in fifteen minutes by Kali bichrom., 1st decimal.

Dr. J. E. JONES gave a severe case of urticaria, with the ropy expectoration as one of the most prominent symptoms, cured by Kali bichrom., 3d dec.

An unusually profitable article on the use and abuse of "Tea and Coffee," which was followed with interesting cases and discussion upon the subject. Received and filed.

After dinner the discussion was resumed in connection with the use of high dilutions.

Dr. C. PRESTON presented the symptoms of several cases of chills to the Society, and asked the suggestion of remedies.

Eupatorium perfoliatum, Ipecac., and Bryonia were recommended.

(As these cases were but verbal, their symptoms could not be recorded with accuracy.)

Dr. C. PRESTON reported a case of general anasarca.

Dr. I. D. JOHNSTON read another interesting statement on dysentery. Received and filed.

Dr. J. B. WOOD read cases of varioloid and small-pox cured by Bell. 1st, Causticum 1st, Merc. corros. 3d, and Saracenia purp. 1st.

On motion, Dr. HENRY C. WOOD was unanimously elected member of this Society on complying with constitution.

Dr. WOOD announced his intention to offer an amendment to our by-laws at the next meeting, whereby our meetings will be quarterly instead of semi-annually.

On motion, agreed we become a Committee of the Whole to attend the Pennsylvania Medical Society at Philadelphia and the American Institute at New York, held in June, 1867.

On motion, adjourned to meet with Dr. J. E. JONES, at Westchester, Pa., at the time of our annual meeting in October.

JOS. E. JONES,  
*Secretary.*

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MATERIALISM AND SCIENCE.\*

BY J. H. P. FROST, M. D.

That history continually repeats itself, even the ancients were well assured. For them also there was an ancient world, whose hither confines were scarcely reached by authentic records, or penetrated by tradition,—the obscurity of whose remoter depths was only rendered more evident by the brilliant but uncertain light of their fanciful mythology. The “great year” of Plato involved a profound conception of the encyclical movements of “the immortals,” who constituted the soul of the universe. To this idea Virgil doubtless refers, when he takes occasion, while complimenting a friend, to enhance the value of the compliment itself by associating with it some glimpses of the most far-reaching philosophy of the age.

*Magnus ab integro sæclorum nascitur ordo.*

And the well-known words of Claudius give still ampler expression to the same sublime doctrine: *Omnia, quæcunque in mundo sunt, eodem ordine esse reditura, quod nunc cernuntur.*

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\* THE PHYSIOLOGY AND PATHOLOGY OF THE MIND, by Henry Maudsley, M. D. London. D. Appleton & Co., New York, 1867.

Not more certainly do comets, suns and stars return upon their appointed courses, and again and again renew the cycles of their past revolutions, than does the human mind, in its successive generations, again and again revolve the self-same problems that formed the basis of its earlier and ever-unsatisfied speculations. As the child of six thousand years ago wept because within his outstretched arms he could not embrace the moon; so does the infant of to-day. Long before the blind but *clairvoyant* Homer chanted his wonderful epics through the cities of Ancient Greece, the shepherds on the Chaldean plains in the night-watches "looked up to the azure dome;" numbered and named the starry hosts, as wheeling onward from space to space, and passed in glorious review;—and pondered the problem of the infinite. Long before Socrates became a martyr to the truths revealed to him, and Paul proclaimed to the Athenians the unknown and unknowable God whom ignorantly they worshipped,—the Persian, painfully conscious of the black darkness of moral evil, reverently bowed before the sun and fire, mysterious symbols of the Eternal Light, and waited in earnest expectation for the *ineffable glory*, which even his feeble faith taught him should one day be revealed.

Betimes we have indeed new faces to the old foes; but they are more dangerous in the same degree that they are less natural. In his *Memorabilia* of Socrates, Xenophon makes the Athenian philosopher rebuke the *sophists* because, omitting the timely consideration of practical matters, they employed themselves in speculating how what they called the world was produced, and by what *necessary laws* every thing in the universe was sustained. But even these men, however "vain in their imaginations" they may seem to us, never arrived at the height of folly that has been reached in the latter days by their successors, who, disdaining to be instructed by the experience of all past ages, must needs attempt to fathom the infinite with their infinitesimal self-measure; and who failing in this, believe themselves to have discovered therefore that there is no infinite, and no creator,

and profess themselves capable of explaining how the finite created itself and sustains itself!

The names only are changed: for the Epicurean and Sophist of by-gone years, substitute the Materialist and Positivist of the present time, and the net results remain nearly the same; only the dogmatism of the latter is more presumptuous, and their impudence more asinine. For the sophists of antiquity did not realize the logical necessity of denying the infinite they could not comprehend; while the modern "philosophers," whose pride it is to exalt reason and destroy faith, incontinently resolve the infinite into the absolute, and the absolute into the indefinite,—which latter, being interpreted, means simply *nothing*. And to this complexion, in fact, does all their vaunted wisdom come at last; for both materialism and positivism,—which indeed are but different phases of the same old-world fallacy,—being weighed in the balances of the *higher reason*, are found wanting—found to result in *nihilism*,—*et præterea nihil*.

Having thus cleared the course, these high-headed "philosophers" set themselves to reconstruct the world and its inhabitants. And as the last and most elaborately finished specimen of their handiwork, we have the "philosophie positif," the *new gospel of Materialism*,—in which all that had been deemed immaterial in the world, and spiritual in man, is affirmed to be but the self-development of the material, under the favoring influences of the *forces of nature*. The mother earth is declared to be the true *Alma Mater*, the sun the august father; and nurtured and inspired by these alone, the brain becomes developed into an organ that secretes thought as naturally and as really as the liver secretes bile. Splendid climax of "modern science,"—which lacks only the smallest modicum of truth to render it worthy of a monument more durable than—brass! And yet, what after all are such conclusions of this boasted philosophy, but the equivalents, expressed in the terms of the contemporary metaphysics, of the dreams of the old heathen mythology, stripped of their gorgeous scenery and sensuous imagery and

darkened by the absence of the halo with which even pagan belief surrounded and made glorious its psychical creations?

Why should we hesitate to strip off the lion's skin, through which already the ears begin to protrude? The "scientific" method which these men indeed exclusively possess, and which with supercilious assurance they would dignify with the name of philosophy, is as delusive as that of the embarrassed trader who closes one eye upon his debts while he reckons up his credits and takes account of stock. In their boasted study of the "sciences" these sophists of modern times, on the one side, exclude from their view the profoundest and most important phenomena even of the physical world,—the manifestations of the essential capacity for usefulness which reside in the very crudest of its natural forms; and on the other side, ignore all influences from the spiritual world, and repudiate the existence of a corresponding spiritual nature in man. And this is the crowning glory, the "science" of the Materialists,—a science which may well be termed "exhaustive," since it destroys beforehand its most precious subjects.

If it is by means of their qualities only that we can become cognizant of the contents of the external world, it is by their *usefulness* alone that we value them. This simple, but *super-celestial law of use* pervades all material substances; inspires all living forms; and constitutes the common and indeed the only vital bond of union between the *inferior-external* or physical world, and man on the one hand,—and between the *superior-external* or spiritual world, and man on the other. And as the law of gravity unites and maintains in perfect symmetry the innumerable spheres of the natural world or physical universe, through all the periods of time; so the omnipresent *law of use*, through man on the earth as a connecting link, conjoins the natural world to the spiritual; harmonizes and sustains the "principalities and powers in heavenly places;" and unites the finite with the infinite through all the future of the eternal years of God.

Let no one dare affirm that these are but the fond imagin-

ings of religious enthusiasm ; they are simply the dictates of *common sense*, untrammelled by the machinery of a dialectic, which, under the specious pretences of a philosophy falsely so-called,—promising its votaries, “ye shall be as gods,—leads them to a total abnegation of their own highest nature. That the law of use, the power of being useful, pervades all things and beings, is evident to the humblest comprehension. And the simple recognition of this law at once rescues all that is material, and all the organized forms of existence, from the clutches of *Materialism*. If the “forces of nature” are understood as being made subject to this *higher law of use*, it is well ; for materialism and unbelief alike disappear, and even natural science commences to be illuminated with the true wisdom, from the first moment of such tacit recognition of Him “who hath subjected the same in hope.”

For the natural sciences we have the very highest regard, both on account of their direct practical usefulness, and also on account of the secondary and still more exalted uses to which they lead. Since the earth is the foundation of the heavens in a most important sense, these natural sciences and the truths derived from them, become the necessary stepping-stones to the corresponding spiritual sciences and the truths flowing from them. But while desirous to rescue these natural sciences from the fatal embrace of materialism, especially for the sake of these higher truths, we are conscious that this cannot be done by any discussion carried on in the region of *a priori* speculations. It is on the plane of these sciences themselves, which have been made the strongholds of *Materialism*, that the contest with *Materialism* must be fought out,—simply with the aid of common sense, and on the basis of practical utility. And this contest has an especial relation to the science of medicine, whose practitioners in general have always been accused of a strong tendency to *Materialism*. And more particularly still, this same contest forms the real ground of dispute between *Allopathy* and *Homœopathy*,—in which the latter, we think will be found, in addition to confirming its own position, to con-

tribute its full share to the development of general truth. This will be evident, when in the course of our argument we come to inquire whether in matter as matter, that is in its *materiality*, resides its force or power; or in other words, whether matter as such ever exerts any influence whatever. Those appear in the affirmative who, with the Allopaths, Eclectics, &c., consider massive or material doses necessary in healing the sick. While they assume the negative who believe that with the infinitesimal Homœopathic preparations,—such, for example, as the thirtieth or the two-hundredth,—the sick may be more speedily, easily and certainly healed. For the purpose of the present argument the twelfth, or even some lower preparation may seem sufficiently far removed from massive material substance. But it is manifestly unnecessary to consider, in this connection, the relative importance of the higher or lower preparations, any more than in the ordinary Homœopathic discussions; for the question does not refer to quantity, greater or less,—but to *quality and relation*.

As it is only through their qualities we can become cognizant of the contents (objects) of the external world; so in their qualities alone must reside all the power which as particular substances they possess of being useful. These qualities are perceptible to our senses;—as in the instances of color, taste, &c.; or discoverable by experience; as in the case of unknown substances for the first time employed for food. Or again, these qualities may be determined in advance by the application of the already established scientific methods and principles. Thus, the analysis of a new species of grain will exactly determine its nutritious quality and consequent value; thus, also, the qualities, value and usefulness of a new substance proposed as a medicine, may be very fully determined in advance of experience, (empirical employment,) by the application of the method of pathogenesis and the known law of the similars.

It is evident, therefore, that material substances are known to us only through their qualities, and that all their powers

of usefulness are seen to reside in or to be identical with these qualities; and that these qualities are themselves efficient only as they are in relation to our bodies; and become useful only as they are employed in the line of their adaptation to the needs of the human system,—and in harmony with the essential and necessary correspondence of their own interior constitution to the nature of the human organism. An article of food, for instance, will prove wholesome or the reverse, according as it happens to be suited to the existing conditions of the system,—according as it is adapted to its needs: a hearty meal is received as a friend into an empty stomach; but a second meal presenting itself in the course of an hour or two, will be regarded as an unwelcome or even dangerous intruder. Not otherwise is it with rapidly repeated doses of medicines; the first does good; while the succeeding doses will, in the changed condition that ensues after the first dose, do harm just in proportion to the exact adaptation of the first to the original condition.

Matter as matter has absolutely no influence upon the human economy; it acts solely through its qualities, and its influence is thus seen to be beneficial or injurious according as these qualities are in correspondence, in the line of their own usefulness, with the existing necessities of the system,—according as they correspond in their own immaterial nature to the present condition of the still higher, immaterial life principle in that system. Hence, it is only the abuse or improper employment of the substances of nature, which renders them injurious or poisonous. And here again Homœopathy steps in, in the interest of general science, and shows how even the most virulent animal, vegetable and mineral poisons require but to be attenuated in order to bring their qualities in correspondence with the needs of the sick. A similar effect of the reduction in quantity and intensity is seen in the cure of neuralgias by the minute and slowly imparted currents of electricity developed from a small battery; while a single flash of the same from the earth or clouds instantly destroys life. This method of attenuation

is like a rule that works both ways; for while it thus tempers and attunes to harmony with the human system the most violent and dangerous elements of the natural world,—it develops from substances the most inert, qualities or relations to the human system of the greatest power and most important practical utility.

Even within the memory of men now living the determination of the indestructibility of matter was deemed a great advance in science. The determination of the corresponding indestructibility of the forces of nature, which in some form are inherent in matter, has recently been proclaimed as a much more remarkable proof of still further progress. But what will the learned of the School of the Natural Sciences say to the proof of the indestructibility of the usefulness,—as a medicine, for instance,—which is the inherent quality of a given body of matter, by any possible degree of subdivision and attenuation of its material substance? And what will the Materialists say,—what can they say,—when it is proved to a demonstration, that not only are the essential, inherent, special qualities or power of usefulness of a material substance not destroyed by any such process of subdivision and attenuation; but that under this process,—which, term it dynamization, potentiation, or what you please, does not involve the addition of any material substance,—*this power of usefulness and these qualities are more and more fully developed, the farther this process of attenuation is carried?*

And yet this is just what Homœopathy, while directly employed in works of practical usefulness, indirectly accomplishes for general science. And we confidently look forward to the time,—now, perhaps, not very far distant,—when in some “Exposition Universelle,” the truly learned shall publicly acknowledge the obligations which the world is under to Homœopathy, not only for thus achieving a remarkable stride in scientific progress, but also for securing the present safety and the future unlimited development of science itself, by thus emancipating it from the destructive embraces of Materialism.

By proving that even the lowest, simplest, and apparently the most inert forms of matter,—such as clay or silex,—contain, although latent within them, the most wonderful qualities or powers of usefulness, Homœopathy surpasses all other sciences in showing the universal prevalence of the law of use; and thus takes the lead of them all in the contest against Materialism. For it must be evident to each reflecting mind, that these qualities constitute the true soul or immaterial principle which inhabits material forms; that this universally present law of use involves an equally universal *benevolent design*; and with such ideas, those who fail to recognize an infinite Benevolent Designer, must be regarded as wilfully blind.

By proving more conclusively than at present appears practicable for any other science, the impossibility of destroying the power of usefulness inherent in a given substance by attenuating the substance itself, Homœopathy,—long despised and rejected by the *savans*,—has furnished its own characteristic and highly important contribution to scientific truth.

And finally, we contend that Homœopathy has effected a most remarkable advance in general science, by proving that just in proportion as a material substance is removed from its materialism, subtilized and as it were approximated to the immaterial, its higher qualities are developed and its usefulness enhanced!

The materialism of the otherwise excellent work, whose title is affixed to this article, is open and avowed.\* And its palpable out-cropping in so recent and important a publication of the Allopathic School, warrants us in here repeating, what we have before affirmed,—that Materialism is inseparable from the creed of all those who, whether of the Allopathic or of any other School, adhere to the necessity of massive, material doses of drugs. And we trust that we have not failed to satisfy our readers that Homœopathy has already shown its superiority to Allopathy; not only in its acknowledged greater success in healing the sick, but also in its more intimate and harmonious relations with the most advanced scientific truth, and in its actual contributions to scientific progress.

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\* The criticism, which Millingen applied thirty years ago to the existing works on mental diseases, is singularly descriptive of the present one. "Several of these publications are only remarkable for their authors' ingenuity in metaphysical disquisitions and inquiries into the *causation of causes*, wandering through the intricate mazes of an interminable labyrinth, to *materialise the mind*."

APHORISMS ON INSANITY, p. 5.

## THE HIGH POTENCIES.

BY T. S. HOYNE, M. D.

Read before the Cook County Homœopathic Medical Society,  
Illinois, March 28, 1887.

Why is it so many physicians, calling themselves Homœopaths, do not use the high potencies? It has often been a matter of great surprise to those who do use them, that so many of our school totally discard the high potencies, and even abuse those who do use them. Probably for the reason that the high dilutionists have the best success. The only two reasons I know of for not using them are, ignorance of their utility, and laziness. Truly, it does not seem as if the 200th potency possessed any power, neither does it seem to the Allopath as if the 3d possessed any power, and yet there is not a gentleman present who will deny that the 3d attenuation is a weapon, offensive or defensive, of great power. Why? Because all have used it so often that they know it possesses power to conquer disease or to induce it to subside.

Thus it is with the 200th. When we become familiar with its use, and can prescribe with a certain degree of accuracy, we cannot but admit that the 200th potency will cure disease even more rapidly than the 3d or 30th. Those who have not experimented with the 200th belong to the first class—the ignorant. The second class comprises those members of the profession who *do know* the value of the high potencies, but are too lazy to study their cases. In order to cure a disease with a high potency, it is necessary to select the remedy with great care, paying due attention to every symptom given by the patient, no matter how trivial, as that little, insignificant symptom may decide your choice of two remedies. Suppose, for example, we have decided, according to the symptoms, to give either Calc. or China, and the patient says "my back perspires," China is the remedy.

Patients are very apt to describe their complaints in rather a loose sort of way, and often it is only by a rigid cross-examination we can get at exactly what they do mean. For example, a patient may say, I feel a smarting while urinating, and may mean by it a smarting when commencing to urinate, on leaving off, or during the passage of urine. In the first case—when commencing to urinate—we have only four remedies to choose from, viz., Canth., Caus., Clem., Merc., in the second, smarting when leaving off, we have five, viz., Bry., Canth., Pet., Phos., Sulph.; and in the last, we have upwards of ninety. It is always the best plan to write symptoms down at the time they are given, and there is little danger of making mistakes. To study the case from these symptoms is what the lazy practitioner objects to, and so he gives the mother tinctures, and murders almost as many as the old-school practitioners.

Upon graduating from an old-school college, I determined to make a fair trial of Homœopathy for one year, and if I found it better than the old-school practice in curing and arresting disease, to adopt it. I tested it for a year, and found it even better than I anticipated. Some few months ago I determined to test the 200th potencies, having no faith at all in them, and at the end of a year decide, from the cases treated, whether they were as efficacious as the low potencies. The year is not yet finished, still I have no hesitation in declaring the 200th potency *more efficacious* in chronic diseases than the lower attenuations. I have not yet decided concerning their value in acute diseases, still the cases I have added to this paper show that they act rapidly and well.

I have thus far only used the 200th potency in my experiments, but intend to test the highest made. To use the high potencies it is not necessary to have faith; select the remedy with care, taking all the symptoms into consideration, and a cure will generally follow. The 200th has never failed me yet, in chronic cases.

It may not be out of place in this connection to condemn such attacks as that made by Dr. Hempel, in the "American

Homœopathic Observer," for March, against Dr. Lippe, in which Dr. Hempel shows his ignorance of the value of the high potencies, and in addition that he is moved by spite. In the same number Dr. Peterson shows that he has not used "Boëninghausen's Pocket Book" often enough to know how to use it, or he would not have used three remedies in the case he gives, when the veriest tyro in the use of the "clock-work," as he styles Boëninghausen's work, could have told him the remedy.

I beg pardon for this digression, gentlemen, but I could not pass in silence the attacks of two leading Homœopaths; the one upon the work of the greatest Homœopath that ever lived, excepting Hahnemann, and the other upon a gentleman who has done more to teach pure, unadulterated Homœopathy than any other physician living.

I have selected the following cases from my note-book, as illustrations of the value of the 200th potency in conquering disease :

Mrs. S. consulted me in December, '66, for the following symptoms : yellow, viscid leucorrhœa, urine pale and stinking, pain small of the back. Being of a scrofulous diathesis, Sulph. 8 was left, one dose a day. January, '67, reports somewhat better, but the leucorrhœal and urinary symptoms unchanged. Alumina<sup>200</sup> was prescribed, one dose a day, and in seven days the case was discharged cured.

December 30, '66.—Miss H., aged sixteen, complains of a thick yellow, purulent leucorrhœa. Prescribed Sabina<sup>200</sup> one dose a day. January 20, '67, reports much better. Same medicine continued, a dose every other day. February 1 reports well.

Mr. A. H. R., affected with pulmonary tuberculosis, gave the following symptoms, January, '67 : sharp pain at the base of left lung ; short, hacking cough, with expectoration of whitish mucus ; weak after coughing ; nightly fever ; rawness of the throat, and says he is better in dry cold air. Prescribed Lycopodium<sup>200</sup> every six hours until better, and then

one dose a day. He went south, and in a month returned, with an increase of weight, and looking well.

Mr. G., aged eighteen, who had been under Allopathic treatment for sixteen months, was placed in my care December 7, '66. His condition at this time was: right foot and left hand swollen and painful on exercise; some pain in the chest and head, particularly the temples; is rather stupid, owing probably to his being among strangers. Says he is worse in wet weather, better in cold, and is inclined to be moving about most of the time. Prescribed Bry.<sup>300</sup>, one dose every night. Improved slowly until January 23, '67, when he foolishly went out in the snow in his slippers. The symptoms at this time were, right foot and knee swollen, with a sore pain, indenting on pressure; right elbow aches; appetite poor; headache right temple (external), only occasionally sharp; dry cough in the morning; dreamed about home and friends, and sailing on the lake; the dreams lasted a long time; has had nose bleed several times since the exposure; bowels regular; heart beats rapidly, and can be seen thumping against the chest. Prescribed Merc-vivus<sup>300</sup>, one dose a day, and continued it, with occasionally a placebo of Sach. lact., until March 2, when he was discharged cured.

C. was taken early in March with the tertian form of intermittent fever. The fever was of the anticipating type, the chill coming on at least two hours earlier each time. Prominent symptoms were, nausea before the fever, headache during the fever and after, thirst during the chill and heat, absent during sweat, delirium and humming in the ears during the heat; the heat was predominant, the chill lasting but a few moments, and the heat a couple of hours; the urine dark and offensive, and the bowels constipated. During the pyrexia, lips dry, metallic taste in the mouth, and more or less headache. The patient has suffered with the disease frequently and has always "broken the fever" with quinine. Prescribed Nux vomica<sup>300</sup>, and the patient had no more chills.

W., suffering with gonorrhœa, upon whom I had tried almost every remedy mentioned in the books, at last became

discouraged, and told me he would give me just one more chance. I wrote down the symptoms as he gave them to me and told him to call in the morning and I would give him something. The symptoms were few and as follows: discharge yellowish white, very free in the morning; pain in the glans penis while urinating; itching in spermatic chord; swelling of the glans, and sensitive to the touch; bowels constipated, and appetite poor. Prescribed Merc. cor.<sup>200</sup>, and saw no more of him for a month, when he told me the discharge ceased the very next day. I had prescribed the same medicine at the 3d and 6th before.

Miss G., obstinate constipation, for which Nux. 3, Bry. 3, Op. 3, Alum. 3, &c., had been prescribed without remedying the trouble. Alumina<sup>200</sup> was prescribed with a permanent cure of the trouble.

I have only tested the 200th in the following acute diseases: erysipelas one case, diarrhœa one, and inflammation of the brain one.

Mrs. B. was attacked in February with facial erysipelas, on both sides, extending to the roots of the hair. Symptoms, aching of the limbs and back, hands hot, face hot and burning, with a sensation as if water ran from the head to the chin. Lying on the right side, fanciful dreams; on the left, troublesome dreams. Buckwheat flour applied, and Sulph.<sup>200</sup> given every three hours. Attacked February 28, discharged March 3, although she did not for several days afterwards present her usual appearance.

Child aged five months was attacked February 12, '67, with a diarrhœa. The stools were frequent, light colored, smelling like rotten eggs. The child was restless, fretful, and sleepless after midnight. Considerable straining at stool, and occasionally vomiting from the effort. Prescribed Sulph. 200 three times a day. Next day well.

The last case I shall mention is inflammation of the brain. Child aged seven months, robust, dark hair and very active, was taken with violent fever; the respirations were increased in frequency, and the pulse was quick and irregular. The

pupils were dilated, the bowels loose, and the child cried constantly night and day. Bell.<sup>200</sup> was prescribed once in two hours, the intervals to be lengthened to six hours when improvement set in. An improvement was noticed after the second dose, the child sleeping a half hour or more. In forty-eight hours the child was well.

Other cases might have been given, but I have selected those in which I *know* the remedy given produced the desired result. If other members of this Society will test the high potencies, *fairly*, I think they will come to the same conclusion that I have, viz., that they are as powerful to cure disease as the low potencies.

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## SURGICAL TREATMENT OF HYDROCELE AND GANGLIA.

Read before the Central Homœopathic Medical Association of Maine.

BY J. B. BELL, M. D.

Among all the ways of accomplishing an object there is always a *best* way. The possession of the best way of doing even trifling things is always pleasant, for the trifling things are those we have most frequently to do. The modes which I have to offer for operating for the above affections are not essentially new, but they are essentially the best as yet devised.

Allopathic surgery often errs in one great particular in common with Allopathic therapeutics, viz., the size of the dose.

Allopathic practice is prodigal in the use of both force and medicine. "Enough to cure and no more," is not a favorite precept in either department.

Surgery, as allopathically taught, requires, therefore, frequent modification in accordance with this principle.

Applying this first to Hydrocele, we learn that for tapping we require a trocar. Not three-sixteenths or even two-sixteenths of an inch in diameter—but one one-third as large as the smaller size mentioned, viz., something over *one-thirty-second of an inch* in diameter, known as the exploring trocar. It has a silver canula, fitted closely to the neck of the trocar, but not slit up for the purpose of rendering the mouth elastic, and causing it to grasp the neck more closely, because the contrary is more often the result, the mouth of the canula becoming unduly dilated. The position of the testis having been ascertained—and this is better accomplished by palpation than by transmitted light, trusting also to the patient's sensation when firm pressure is made on the testis—and the hydrocele firmly grasped with the left hand, take for experiment's sake a good one-eighth inch trocar, sharp, and with a well-fitting canula. Holding it firmly in the right hand, and gauging with the forefinger the depth you wish to penetrate, insert it quickly to that depth in the tumor. On withdrawing the trocar, leaving the canula in the wound, in three to five cases out of ten, no fluid follows. On passing a probe up the canula, we find its mouth closed by the thickened tunica vaginalis reflexa, which has been pushed before the canula. If one has not experienced this difficulty before he may feel an unpleasant suspicion that the testis has been pierced; but this fear is removed upon slowly withdrawing the canula and finding that no fluid runs at any point, showing that the watery chamber has not been entered. Take now the small exploring trocar and pierce boldly the distended sac with little of the force required for the other, and so small a fraction of the pain that the patient will cease to dread the operation should it become again necessary. The sac is quickly emptied by the small canula, and more completely than by the large.

Ganglia, well known among the people by the name of weeping sinews, may be quickly and sometimes permanently removed by a simple operation.

These tumors occurring most frequently on the back of

the wrist or hand, most surgeons recommend a sudden sharp blow with a book or other similar body, rupturing the sac if possible, and scattering the contents in the surrounding cellular tissue. Here is certainly an excess of force which might in many cases produce an equal (moral, not physical) reaction, ejecting the surgeon from the house. It certainly ought to, for it has nothing to recommend it but its rudeness. Yet the proper method is mentioned by few authors, and not at all by our American allopathic authority, Gross. We require for this an instrument that should be found in every pocket-case, being the best one for a great many little operations, for exploring doubtful fluctuating tumors, removing particles of steel from the cornea, &c., &c., viz., the cataract needle, mounted in a tube, in the manner commonly used for exploring needles. This being inserted into the skin three-fourths of an inch from the tumor, and not near a vein, should be passed gently under the skin to the tumor, which, being firmly held in its place, should be punctured in several places, and the fluid pressed out into the cellular tissue and as much as possible out of the wound in the skin. It can often be entirely emptied externally in that way. The hand should be kept quiet for a few days, and, if thought best, pressure made on the ganglion. This mode of operating causes but little pain, much less than the contusion method, or than the mode of pressing with the thumbs, till the sac is ruptured, as practised by some.

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TEXT BOOK OF MATERIA MEDICA, IN SPAIN.—From “*El Criterio Medico*,” Vol. viii., No. 3, page 71.

“We have received the work of Dr. Lippe on *Materia Medica*, lately published in Philadelphia, in which are united all the pathogenetic studies until the present time; omitting the lesser symptoms and retaining those most characteristic. It is a very useful and conscientiously executed work. We congratulate Dr. Lippe and give him our thanks for his politeness.”

## PRACTICAL APPLICATIONS OF ELECTRICITY.

BY GEO. G. PERCIVAL, A. M., M. D.

I propose to treat of some of the practical applications of Electricity to the arts and manufactures, confining myself to dynamic electricity; and as some of my readers may not be familiar with the general laws and technical terms pertaining to this science, I presume I shall be excused if I state general laws and explain terms already understood by the majority.

It will be proper first to consider the various sources of Electricity and the recent improvements in the means of generating it. The principal practical sources are three, viz.:

First. Chemical action, as in voltaic batteries.

Second. Magnetism, by the aid of which motive power is changed into electricity, as in magneto-electric machines.

Third. Heat, as in thermo-electric batteries.

## I. ELECTRICITY BY CHEMICAL ACTION.

Early in the beginning of the present century it was discovered that when a plate of copper and one of zinc were immersed in a vessel containing dilute acid, and the two plates connected by a metallic wire, a current of electricity would flow from zinc through liquid to copper, and thence along wire back to zinc. Such an arrangement was called a voltaic battery.

When several such batteries were connected together the *intensity* of the current was increased. When the size of the plates was increased the *quantity* was increased. Batteries of this construction were used as the main batteries on nearly all the telegraph lines in England, until a recent date. To increase the constancy the space between the plates was filled with sand. A somewhat similar battery is still used for electrical clocks. It consists of a large plate of zinc and one of copper, buried in moist earth. The current is feeble, yet sufficient for the purpose mentioned. A solution of sal

ammoniac is often substituted for dilute acid in the earth battery. Many modifications and improvements in this simple form have been gradually made. Hare constructed batteries with very large plates, which he called calorimotors, from their great heating power. Wollaston bent the copper plate into the form of the letter U, so as to render both sides of the zinc available. Previous to this, in Europe, the zinc and copper plates had been soldered together back to back, and formed the partitions of a baked wood trough. A solution of blue vitriol was sometimes substituted for the acid. These simple forms of batteries were very soon exhausted, the current was very inconstant and the zinc was wasted when the battery was not in use. It was discovered that when the zinc plates were amalgamated, that is cleaned with acid and rubbed with metallic mercury, that less action took place when the battery was charged with dilute sulphuric acid, and consequently there was less waste when the circuit was not completed. This was a very important discovery. Wollaston's battery, with amalgamated zinc plates, is even now in extensive use in England in the electro-plating establishments. All the others have gone out of date.

Smee made an important improvement; he substituted for the copper plate a plate of platinized silver, that is, silver coated with platinum in very fine powder. This he placed between two plates of amalgamated zinc, and surrounded both with dilute sulphuric acid. When his pile is in action torrents of bubbles of hydrogen are given off from the platinized silver. The object of platinizing the silver is to render its service rough and thus prevent the adhesion of this gas, which is a great defect in the zinc and copper batteries. This battery is used extensively in this country for the medical application of electricity, and it is also almost exclusively employed in electro-plating. It was used as the main battery in the first Atlantic telegraph. It is a very convenient and a very constant form, although the intensity is not great; the principal objection to it is the expense of the platinized silver plate, and many attempts have been made to

give it a more economical form. Plates of sheet lead silvered and then platinized have been substituted, but they are not durable. A novel idea has recently been devised, viz., to silver the inner surface of a glass or stone jar by means of a solution of ammonia-nitrate of silver and Rochelle salts, and then to thicken this coat a little by electro-plating, and then platinize it. This answers as the silver plate; and for the zincs we can use any odds and ends thrown into the centre of the dish. A little mercury in the bottom serves to make the connections and keep the zincs amalgamated. Another modification has been devised by Mr. Walker, of England. He uses *platinized* gas coke. It is said to work admirably. Magnesium has been substituted for the zinc. It gives a very powerful and a very expensive current. Amalgams of sodium and potassium have likewise been used. These are more powerful and more expensive still.

Daniel's battery consists of a cylinder of sheet copper placed inside of a glass or stone jar, inside of this is a porous cup containing a zinc cylinder. The jar is filled with a saturated solution of blue vitriol and the porous cup with dilute acid, or, where a constant current is wanted, with water rendered conducting by a little common salt. This is a very constant form, and if used only at intervals will continue in action many months. It is the form used for "local" batteries in nearly all the telegraph offices in the United States. I have an application for patent pending which I hope will render it still more constant.

Grove's battery differs from Daniel's in substituting strong nitric acid for the solution of blue vitriol, and platinum for the copper. As the platinum is very expensive, it is placed in the porous cup and the zinc around it, the dilute acid in the jar.

On account of the expense of the platinum Bunsen substituted a cylinder of gas coke for the platinum, thus producing what is called Bunsen's battery. This is a very intense battery, and it is used as the main battery on nearly all the telegraphs in the United States. It is also used to

produce the electrical light whenever batteries are used for this purpose. The chief objection to this form lies in the use of the nitric acid. This acid is expensive, dangerous to handle, and it gives off deleterious fumes which corrode every piece of the baser metals that they come in contact with. It also percolates through the porous cups and attacks the mercury on the zinc, thus destroying the amalgamation. A very recent improvement has, however, been made which obviates these effects. It consists in the use of a saturated solution of bichromate of potash with free sulphuric acid instead of the nitric acid. This gives off no fumes, is cheap and less dangerous to handle.

Some one suggested a solution of persulphate or perchloride of iron as a good substitute. I tried it. It worked well for a short time, but it gradually percolated through the porous cell, and metallic iron was reduced on the zinc, causing great local action. This might be remedied by using a cylinder of iron instead of zinc, but we could not amalgamate the iron, consequently there would be a waste when not in use.

The carbon cylinders used in this battery are expensive. They are formed in two ways: first, by cutting them from a solid piece of the coke deposited on the inside of a gas retort which has been in use a long time. This coke is very hard, although brittle, and very difficult to cut, as indeed might be expected from its composition, which is similar to that of the diamond. The other way of preparing them is to powder the coke, form it into a paste with sugar, press it into a close iron mould and expose to a red heat, the access of air being prevented. When cool it is dipped into a solution of sugar and repeated in the same manner. Recently coal tar has been successfully substituted for the sugar.

A substitute for these expensive cylinders is produced thus: Fill the porous cup with small fragments and powder of gas coke, and have a platinum wire run down the centre to make connections with; then fill the interstices with nitric acid. The objection to this substitute is, that the platinum wire is expensive, and the porous cells will not hold much nitric acid;

besides the connections are very imperfect. Cylinders have recently been made of pressed disintegrated black lead. I have not learned how they work in practical use. Just before Bunsen proposed gas coke as a substitute for platinum in Grove's battery, Silliman proposed and used cylinders turned from solid pieces of black lead. These never came into general use on account of their expense, and from the fact that their smooth, polished surface was not so well adapted as the rough surface of the coke cylinders.

Prof. Callan, of Maynooth College, substituted iron in a passive state for the gas coke. His battery is but very little used, however. A convenient way of amalgamating the zincs in these batteries is to dissolve three-fourths of an ounce of bisulphate of mercury in each cell. Sulphuric acid has been substituted for the nitric acid in the porous cell, but the current, of course, is not so powerful.

A battery known as the "Pile Marie Davy," in which sulphate of mercury and carbon electrodes are substituted for the sulphate of copper and copper electrodes of the Daniel battery, was exhibited at the International Exhibition of 1862, by J. A. Deleuil, of Paris. This new form is clean and constant, but is weaker than Daniel's cell. It has been used to some extent in France for telegraph purposes. It is very well adapted for the use of physicians. In using it, the sulphate of mercury is reduced to the metallic state, but it can easily be changed back to the form of sulphate by the action of boiling sulphuric acid, and without any loss of the mercury.

During the rebellion, when chemicals were scarce in the Southern States, batteries were constructed by substituting a copper electrode and a solution of hyposulphite of soda for the zinc electrode, and dilute sulphuric acid in Daniel's. Antimony in dilute nitric acid has also been substituted for the zinc. This gives a very constant battery.

## II. THE SECOND PRINCIPAL SOURCE OF ELECTRICITY IS MAGNETISM, FROM WHICH IT IS DERIVED BY MOTIVE POWER.

This branch of electrical science (magneto-electricity) is now attracting much attention on account of the recent improvements in magneto-electric machines by Wilde, Wheatstone, Siemens, and Farmer. I will give a brief statement of the principles upon which these machines are constructed, and then describe the novelties in Wilde's machine.

When a current of electricity flows through a piece of insulated copper wire wound round a piece of soft iron, this iron becomes magnetic, and when the current ceases the iron ceases to be magnetic. Now the converse of this is true, viz., that when the iron is made magnetic, a *momentary* current flows through the insulated wire. When the iron ceases to be magnetic a momentary current flows through the wire in the opposite direction. Now if we can devise means for repeatedly making such a piece of soft iron magnetic, and then destroying this magnetism, we can obtain a series of momentary currents in the insulated coil surrounding the soft iron. To be sure these currents will alternately be in opposite directions, but by means of a commutator we can change the direction of half of them so that we shall have a series of short currents all in the same direction. We can easily render soft iron magnetic by bringing it near the poles of a permanent magnet of steel larger than itself. Of course the more powerful this permanent magnet is the more powerful will be the magnetism induced in the soft iron, and the more powerful will be the induced current.

In 1833 Mr. Saxton, a philosophical instrument maker of London, exhibited such a machine; the soft iron was in the form of the letter U, and was revolved before the poles of a powerful permanent steel magnet, also of the U form, in such a manner as to bring each end alternately opposite each pole of the magnet. This rotation caused the soft iron to become magnetic, then to lose the magnetism, and then to acquire the

opposite polarity. This caused currents to circulate in the wire surrounding the iron; a commutator gave both the same direction.

Different mechanical forms were given to his machine by different philosophers, to adapt it to different purposes. Holmes constructed a powerful machine having eighty-eight pieces of soft iron, or armatures, as they are called. These were fixed on the rim of a wheel with their axes parallel to that of the wheel, and during the revolution of the wheel passed sufficiently near to sixty-six powerful magnets to become magnetic. This wheel was driven by steam-power at the rate of one hundred and ten revolutions per minute; this gave 9.680 short currents per minute, which were practically equivalent to a continuous current. This machine is now, (and has been since June, 1862,) in successful operation at the Dungeness Light, South Foreland, England. By passing the current between charcoal points it affords a light sufficiently powerful for lighthouse purposes. One-and-a-quarter horse-power is required to drive it. Many machines were devised suitable only for particular uses. Wheatstone devised and constructed his "Magnetic Exploder," which is essentially a magneto-electric machine with six magnets and six coils. It is especially adapted to effecting the ignition of fuses in military and mining explosions, being capable of igniting twenty-five at once. All of my readers are familiar with the ordinary magneto-electric machines for the medical application of electricity, in which we produce the current by turning a crank, no battery being employed.

The general principle of all these machines remained the same until 1866, when Mr. Wilde patented his improvement, and Wheatstone published an account of his improvement.

The great objections against magneto-electric machines as sources of electricity have been two-fold; first, the limited capacity of the steel magnets to receive magnetism; second, these magnets gradually lose what little magnetism they possess.

Mr. Henry Wilde, of Manchester, England, has overcome

both of these objections. Some electrician, whose name I now forget, in a paper published more than a year ago, stated that electro-magnets, excited by a battery, might be substituted for the permanent steel magnets in a magneto-electric machine. Now, as electro-magnets may be made many times as powerful as steel magnets of the same size, it follows, that in magneto-electric machines, using electro-magnets charged to their full capacity, a much more powerful magnetism may be imparted to the soft iron armatures and consequently a much greater amount of electricity may be obtained. Mr. Wilde conceived and carried into execution the idea of charging the electro-magnets in such machines by means of a smaller magneto-electric machine using permanent magnets, and driven by the same power. His machine consists essentially of two magneto-electric machines, one small using permanent magnets, and one large using electro-magnets, which are rendered magnetic by the current generated by the smaller machine. Where very great power is required, he takes the more powerful current generated by the larger machine, and by means of it charges the electro-magnet of a still larger third machine. He uses a peculiar shaped armature invented by Siemens; the wire is wound round it lengthwise, and it revolves around its longitudinal axis. This revolves in a cylinder, the sides of which are formed by the two poles of the magnet, while the top and bottom are formed of some non-magnetic substances, such as brass or wood. In speaking of the various sized machines, he distinguishes them by the diameter of this cylinder, which he calls the "magnetic cylinder."

In all magneto-electric machines, where *quantity* is desired, coarse wire is used on the armatures; where *intensity* is desired, a greater number of coils of fine wire are used. In Wilde's ten-inch machine, the "intensity" armature was coiled with an insulated conductor, consisting of a bundle of thirteen No. 11 copper wires, each 0.125 inch in diameter; the coil was 376 feet in length and weighed 232 pounds. The "quantity" armature was enveloped with folds of an insulated copper

plate conductor 67 feet in length and weighing 344 pounds. These armatures were driven at the uniform velocity of 1500 revolutions per minute, by means of a broad leather belt of the strongest description.

When the direct current from a 1½-inch magneto-electric having on its cylinder six permanent magnets, (each weighing about one pound, and capable of sustaining about ten pounds,) was transmitted through the coils of the electro-magnet of a five-inch magneto-electric machine, and when the current from this latter was simultaneously, and in a like manner, transmitted through the coils of the electro-magnet of a ten-inch machine, an amount of magnetic force was developed in the large electro-magnet far exceeding any thing which has hitherto been produced, accompanied by the evolution of an amount of dynamic electricity from the quantity armature so enormous as to *melt pieces of cylindrical iron fifteen inches in length and fully one-fourth of an inch in diameter and fifteen inches of copper wire (No. 11) 0.125 of an inch in diameter.*

When the intensity armature was placed in the magnetic cylinder, the electricity from it melted seven feet of No. 16 iron wire, 0.065 of an inch in diameter, and made a length of twenty-one feet of the same wire red hot.

The illuminating power of the electricity from the intensity armature was of the most splendid description, as might be expected. When an electric lamp, furnished with rods of gas carbon half an inch square, was placed at the top of a lofty building, the light evolved from it was sufficient to cast the shadows from the flames of the street lamps a quarter of a mile distant, upon the neighboring walls. When viewed from that distance, the rays proceeding from the reflector had all the rich effulgence of sunshine.

A piece of the ordinary sensitized paper, such as is used for photographic printing, when exposed to the action of the light for twenty seconds, at a distance of two feet from the reflector, was darkened to the same degree as was a piece of the same sheet of paper when exposed for a period of one

minute to the direct rays of the sun at noon, on a very clear day in the month of March !

The extraordinary calorific and illuminating powers of the ten-inch machines are all the more remarkable from the fact that they have their origin in six small permanent magnets, weighing *only one pound each*, and capable at most of sustaining collectively a weight of sixty pounds ; while the electricity of the magneto-electric machine employed in exciting the electro-magnet was itself incapable of heating to redness the shortest length of iron wire of the smallest size manufactured.

The production of so large an amount of electricity was only obtained by a correspondingly large amount of mechanical force ; for it was found that the large electro-magnet could be excited to such a degree that the strong leather belt was scarcely able to drive the machine.

Mr. Wilde read a paper describing his invention before the Royal Society, London, February 14, 1866. The same evening, Wheatstone read a paper describing an invention of his somewhat similar to Wilde's. He used an electro-magnet instead of a permanent one, but instead of charging this by a current from a separate smaller machine, as Wilde proposed, he charged it by a current from *its own armature*. This armature, when rapidly revolved, gave off sufficient electricity to charge the electro-magnet, and still have a large quantity left for outside purposes. In *starting* the machine, it was necessary to render the electro-magnet magnetic by some outside means, either by passing a current from a battery through it, or by simply bringing a powerful magnet near it. In practice it has not been found to work so well as Wilde's.

Mr. Moses G. Farmer, of Boston, proposed to use permanent magnets of the U form, with electro-magnet prolongations, which prolongations should be charged by thermo-electricity, or by battery, or by the armature current.

There is one defect in Wilde's which will probably be soon overcome, viz., that when the larger machines are driven rapidly, they heat very much.

A modification of Wheatstone's machine is to have *two* insulated coils or armatures instead of one. One of these is used to charge electro-magnets and the other for outside purposes. Another modification is to have a permanent magnet and have this covered with insulated wire, after the manner of an electro-magnet, and to pass part of the current from the armature around this magnet to strengthen it. It is more novel than useful, as a permanent magnet will not even temporarily receive so much magnetism as an electro-magnet.

### III. ELECTRICITY BY THERMO-ELECTRIC BATTERIES.

Much attention has been given to these, but no very marked improvement has been made. They are founded upon the fact that when the junction of two different metals soldered together is heated, a current flows from one to the other. The direction of the current depends upon the nature of the metals. Bismuth and antimony were the two metals most used until recently. When these are used together, the current is from the bismuth to the antimony at the heated junction. If the junction is cold, the electricity flows in the opposite way. This is a very easy and simple way of obtaining a current, but unfortunately the current so produced is very feeble, both in quantity and intensity. Recently, sulphide of lead has been substituted for the bismuth, and German silver for the antimony, giving a much stronger current. The intensity of this battery is about one-tenth of that of Daniel's. Marcus constructed a powerful thermo-electric battery, using 768 elements of this kind, so connected with a furnace that by burning 240 pounds of coal per day he could obtain the electro-motive power of thirty elements of Bunsen's nitric acid arrangement.

In my next, I propose to mention some of the chemical and calorific applications of electricity.

## CALCAREOUS TUMOR OF THE CORNEA.

BY W. JAMES BLAKELY, M. D.

I have assumed the responsibility of giving the above title to the condition I am about to describe, as I have never seen it mentioned in the books nor in our journals. This form of tumor, according to Professor Gross, is very uncommon, and is generally the result of a degeneration of a lymphatic ganglion, nearly always one of the neck, in the vicinity of the the lower jaw. He says: "The gland having perhaps been for a long time enlarged and indurated, usually forms a deposit of tubercular matter, gradually diminishes in size, and is finally transformed into a hard, firm substance, resembling baked earth. It has none of the properties of genuine bone, and consists almost entirely of carbonate and phosphate of lime, cemented together by a minute quantity of animal matter. It is usually of small size, of a spherical form, and surrounded by an imperfectly formed capsule. As it is not amenable to absorption, the proper remedy is excision, performed whenever it is found that the little tumor is in the way of comfort or good looks." Among the structures in which calcareous deposits are found, he does not mention the eye. He also says that the only species of tumor affecting the eye are the encephaloid and melanotic forms of cancer. In a case at present under my control, I have found a well-defined calcareous tumor. The patient, a man of about sixty years of age, applied to me for treatment for acute inflammation of both eyes. The cornea and lids were intensely inflamed, the latter to some extent granulated; there was profuse lachrymation and excessive photophobia. In the course of the examination, I discovered in the left eye what, at first sight, I supposed to be a mass of mucous deposit, but which, when I had seized it with the forceps for the purpose of removal, I found to be a hard tumor, firmly

attached to the cornea, covering the retina and pupil, and completely obscuring the sight. In diameter it was about one-third of an inch, and in height about one-fourth, projecting between the lids, and preventing their closure. Upon inquiry, I learned the following particulars: About twelve years ago, in attempting to take a bucket containing food from a cow, the animal suddenly raised her head, and, in so doing, inserted the point of one of her horns into his left cheek, immediately below the eye, the consequence of which was severe inflammation of the organ. After the wound had healed, and the inflammation of the eye had subsided, the tumor in question appeared and increased until it attained its present size. He entirely lost the sight of the eye in consequence of the obstruction, the removal of which, he was informed by several physicians, would be followed by an escape of the humors, and a consequent destruction of the organ. During twelve years he endured this unpleasant appendage, until lately, when he applied to me to obtain relief from the acute ophthalmia from which he was suffering, but without reference to the tumor which he had long since despaired of losing. After three days of treatment, he sent for me, with word that he was very much worse. I was, therefore, much surprised, on seeing him, to find the inflammation almost entirely gone, and the eyes very much improved in appearance; but he informed me that he had suffered intense pain in the tumor. Upon examination, I found it less firm, and having inserted the point of my instrument beneath its base, I removed it without much difficulty. In five minutes the pain was gone, and he informed me that he could see glimmerings of light. Upon examining the tumor, after removal, I found it circular in form, of the dimensions above given, and of a pearly whiteness. It was hollow, having an irregular, cup-shaped cavity, which contained a few drops of pus. Corresponding to the cavity in the tumor was a depression in the cornea, which was, however, considerably less in size. The composition of the tumor, which is hard and unyielding, is decidedly calcareous, while its firmness and resistance to pressure would almost entitle it to be termed osseous.

Regarding the origin of this tumor, we may speculate and theorize, but I think it may fairly be presumed to have arisen from the deposition of lymph during the first inflammation of the eye, and which was probably not removed, acted upon by the tears, which, depositing their solid portions

upon the lymph, gradually converted it into its present condition. In support of this opinion, I may say that I some time ago removed from the eye of a man, by the internal use of Belladonna, a deposit as large as a dime, and which was already so firm as to entirely resist removal by the forceps. This, however, presented no calcareous or osseous appearance, but I have no doubt that the former would have resulted, had no treatment been instituted.

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*Copy of Resolutions passed by the Board of Directors of the New York Ophthalmic Hospital, at their regular monthly meeting, held at the Hospital Rooms on the evening of the 10th June, 1867:*

Whereas we, the Board of Directors of the New York Ophthalmic Hospital, are fully convinced that the Homœopathic system of treating diseases of the eye is more effective in restoring sight and less painful to patients than the one now in use in this Hospital:

*Resolved*, That there should be in New York city at least one Eye Infirmary in which the principles of Homœopathy may be applied free of all charge.

*Resolved*, That the official duties of the Consulting and Attending Surgeons and Physicians and Apothecary, now practising the Allopathic system in this Hospital, be, and are hereby, discontinued from this date.

*Resolved*, That the retiring Consulting Surgeons and Physicians of this Hospital are held by this Board in the highest esteem for their personal worth and professional eminence, and that the thanks of this Board are hereby tendered to them for the promptness with which they have ever stood ready to give their advice and aid; and that the thanks of this Board are also tendered to the retiring Attending Surgeons and Physicians for all the useful labors they have performed in connection with the offices they have held as Physicians and Surgeons in this Hospital.

*Resolved*, That the retiring Consulting and Attending Physicians, Surgeons and Apothecary, who are acting in their professional capacity in behalf of this Hospital, be immediately informed, individually, of the discontinuance of their services, and that this information be accompanied to each of the Surgeons and Physicians with a certified copy of the above resolutions.

## REVIEW.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS, and the Disorders peculiar to Women and Young Children, by *Henry M. Guernsey, M. D.*, Professor of Obstetrics and Diseases of Women and Children, in the Homœopathic Medical College of Pennsylvania. With more than one hundred illustrations. Philadelphia, F. E. Boericke; 1867.

The profession have desired such a work as is now presented to us for a long time, and cannot fail to welcome it at its present appearance. The long experience of the author as a practitioner, and especially as a successful obstetrician, and as a lecturer for seven years on Obstetrics in the Homœopathic Medical College of Pennsylvania, has enabled him to give us in this work the results of his studies, and of the application of the principles and practice of Homœopathy to this branch of medical practice. Every Homœopathic practitioner had before this to apply for himself the Homœopathic principles in his obstetrical practice; and a new guide is now given to the profession, much facilitating the labor and studies of the busy practitioner.

The task undertaken by the author was one of great difficulty, and he opened, as it were, a new field in which the usefulness and superiority of Homœopathy over Allopathy was to become apparent. The older and most modern authors and acknowledged authorities of the Old School have been consulted, and all of their useful discoveries on the subject have been incorporated in this work and due credit has been given them. The illustrations give an additional value to the work. The entirely original indications for the application of medicines, in the therapeutic part, are most excellently rendered, and the practitioner will observe at once what remedy is most likely to be found to correspond with the case before him, if he further compares the case with it and studies his *Materia Medica*. The indications contain so many char-

acteristic symptoms that every physician will be able to find something new to him, as they are the result of a long practice and of very strong observative powers.

The work embraces eight distinct subjects.

I. Anatomy and Physiology of the Generative Organs.

II. Diseases peculiar to Women.

III. Conception, Gestation, Pregnancy.

IV. Natural Labor.

V. Difficult Labor.

VI. Disorders of Pregnancy.

VII. Disorders of the Puerperal State.

VIII. Disorders of Young Children.

To appreciate the great value of the work, and the great light it sheds over the darkness formerly prevailing, one can turn to any part of the book, but it will serve as a good illustration to take up the Eighteenth Chapter—Disorders of the Ovaries.—As long as Allopathy ruthlessly augments disease, such a chapter will be necessary,—but in the good time to come, when Homœopathic practice becomes the rule, and excludes the development of such formidable disorders, the subject will be mentioned only as a past historical occurrence, anti-Homœopathy. The pathology of the various Ovarian diseases is well rendered, and Churchill, Tilt, Scanzoni, Boivin and Duges, and Cooke are quoted. The treatment differs from that recommended by the great pathologists; and so must the results, if Homœopathy is as strictly carried out as our author recommends. The practitioner is admonished, *vide page 227*, “that the medicine must always be selected from a careful study of the totality of the symptoms and conditions,—never from our pathological theories or conclusions. The symptoms will surely lead us right; while our pathological theories,—*by persuading us to generalize instead of individualizing*—will assuredly preclude us from the success we might attain.” By reading the indications for the remedies on the same page, we find the characteristic indications for the various medicines given so accurately, so precise, so short, and easily studied, that we are struck at once with

the great advantage of this mode of calling the attention of the student to the proper remedy, over the profuse diffusion so prevalent in the "Domestic Physician,"—which diffuseness has proved to be a great drawback to the usefulness of such works. And among these few indications we find those for which the student may look in vain elsewhere; for example, under *Zinc*: "The sufferings are entirely relieved during the *catamenial flow*." \* \* \* (Conium has the opposite symptom.)

The above quoted sentence, (from page 227,) shows plainly and unmistakably that the author has given the Profession a truly Homœopathic work, his assistance towards individualizing in every case where medicine may be serviceable, will be found of incalculable value to the students of Homœopathy, and will be best appreciated by those who avail themselves of the many and various indications given: and will prove a source of great relief, especially when applied during parturition. In the various cases of difficult labor, the common school of medicine gives us no assistance which is reliable; or only such as, applied according to their generalizing maxims, must always be followed by bad results. In this condition, (difficult labor,) the faithful administration of the truly Homœopathic remedy, as indicated in this work, will invariably be followed by the happiest results, much anxiety will be saved the physician, much suffering will be spared the parturient woman.

A work like the one before us, although prepared by a physician of large practice, and who besides this has been actively engaged in teaching his "speciality,"—considered to be the first effort of the kind, can hardly be expected to be perfect,—or as perfect as it may become if a revised edition can be prepared more at leisure. The profession at large will no doubt appreciate the great sacrifice of time the author has made to serve them; and will no less appreciate the handsome manner in which the enterprising publisher has brought out the work, neither saving expense nor pains in doing it justice. The author has solved the great question in this laborious undertaking how to make Pathology and Allopathy, with all their researches and observations, subservient to Homœopathy; and we confidently hope that this work may not only be fully appreciated by the profession, but that it may also serve as a model by which all the other "specialities" may be treated, and Allopathy made subservient to Homœopathy in them as in this.

## CLINICAL OBSERVATIONS.

VARIOLOID.—BY J. B. WOOD, M. D.

On the 22d of March, 1867, was called to see J. E. W., aged thirty years; had been suffering for a day or two with severe headache, and a sensation, as he expressed himself, that he would go crazy if he was not soon relieved; and a sensation, when on his feet, as if every thing before him was turning over and over; and a severe aching pain over the body, particularly the small of the back and lower limbs, and with every symptom of a severe cold—cough, loss of taste and smell, and a profuse watery discharge from the nose. I informed him that although he was laboring under the effects of a severe cold, he had every indication of varioloid, except the eruption; he insisted that it was only a cold, but I prescribed Acon.<sup>1</sup> and Bell.<sup>1</sup>, and informed him that I would be better able to tell at my next visit what the disease really was. On the next day I found him much relieved; the head symptoms had pretty much disappeared, though he complained of aching all over the body, and said he felt otherwise, as though he was nearly well. Upon further examination I observed two or three pimples on the forehead. When I informed him that I was right in my diagnosis of varioloid, he immediately protested that it was not; that he was frequently troubled with an eruption on the face, to which his wife also gave her testimony. Thus assured, and the patient going about, left medicine for several days, with directions that if he did not get along well I was to be informed.

Nothing further was heard of the case until I was called to attend his wife, in confinement, on the 7th of April, when I observed on his face a number of red spots, and remarked to him that he had had the varioloid, to which observation he again protested. The wife evidently had the disease slightly, as the nurse informed me that quite a number of crusts were

daily combed from the hair, though there was no evidence on other parts of the body.

Thus things passed until the 11th of April, when I was summoned to see his son, a lad about two years of age, laboring under convulsions. (The child had never been vaccinated, in consequence of its being troubled with an eruption almost from birth to this period.) It soon became apparent that the convulsions were caused by the non-appearance of an eruption of some kind, and but a short time elapsed before the nature of the complaint was manifest; a bad case of small-pox. The father would not admit even yet that he had had the varioloid, and for several days persisted therein, when at last he said he must have had it. The eruption on the child continued to progress in the regular order, and though the disease was of the most violent character, it speedily and rapidly convalesced under the use of Bell.<sup>1</sup>, Caust.<sup>1</sup>, Merc. c.<sup>3</sup>, and Saracenia pur.<sup>1</sup>. The Bell.<sup>1</sup>, was selected for the cerebral symptoms chiefly, and the other remedies for the symptoms common to all cases of the kind, but I think the Saracenia contributed very materially to shorten the disease and mitigate the child's sufferings.

The father undoubtedly had varioloid, and from the period of desquamation on him to the time the child was taken with convulsions, about ten days, showing that the period of desquamation is the time when the greatest danger may be apprehended of a contagion or infection, as the child slept with the father, and was with him during the whole course of the disease.

On the 11th of April I vaccinated the infant, then four days old, and although there appeared to be an antagonism in the system, between the vaccination and some other disease, it entirely escaped the small-pox. A peculiarity existed in this case, in the fact that during the vaccine disease a fine rash, similar to what is seen at times on infants called tooth-rash, made its appearance on the feet, abdomen, and other parts of the body, but gradually subsided with the decline of the vaccination.

BY J. G. GILCHRIST, M. D.

There have been two cases in my practice during the past year, that I think will prove of some considerable interest to the profession, inasmuch as there were symptoms cured in each of them that are not found in any of our *Materia Medica*s.

*Case 1.*—Mrs. J——. On the afternoon of February 27, 1867, this lady sprained the right ankle from stepping on a piece of ice, and on attempting to walk experienced a very peculiar pain. It felt *as though the tibia was split to the extent of several inches, and on attempting to use the foot, felt as though the joint opened and closed alternately.* The symptom was new to me, and though I had no reason for selecting it, something impelled me to give her *Rhus*. It was given in the 200th attenuation, one powder only, dry on the tongue, and *Sach. lac.* afterwards. On the 28th this pain was entirely gone. Of course, the other symptoms of a sprain lasted much longer, but this *one* was actually *cured* by the remedy. She had sprained her ankle frequently, and this sensation had in every case accompanied the accident, lasting, however, from a week to ten *days usually*.

*Case 2.* This was a case of what I call “secondary cancer,” *i. e.*, one that has reappeared after removal. The young lady had sustained an injury, which culminated in cancer of the breast. It was of the schirrous variety, and some physician (Homœopathic?) undertook to remove it by what Velpeau justly styles “Empirics’ weapons,” *viz.*, plasters. In the course of a few days the breast came off, and she was discharged cured. At this time she was living at Suspension Bridge, New York. The cancer, in spite of the erudite doctor’s specific, returned, and she then removed to Winona, Minnesota, where I was then practising. At this time her condition was as follows: Cancerous cachexy well marked; nearly every gland in her body enlarged; prolapsus uteri; amenorrhœa; great emaciation; paralysis of the right leg and partial, of the whole of that side; numbness of the

face, &c.; the whole of the right mamma had been removed, and the cicatrix extended from the lower end of the sternum to the axilla, and was about as broad as two fingers; this scar was of a dark purple color, and surrounded by small ulcers as large as a five cent piece, grayish, deep, ragged but sharply-cut edges, and discharged sparingly watery pus, inoffensive; elevations as large as an ordinary marble would make their appearance around the scar, of bright pink color, covered with a thin skin, through which small vessels could be seen ramifying through it; the substance of the cicatrix had a number of these also, but they were much smaller, and did not ulcerate until the end; appetite good; sleeps badly; worse in all respects in the afternoon and evening.

I gave her number of remedies at different times, never alternating, but using all attenuations from the 6th up to 1,000. Puls. and Con. were used the most, but none of them produced the slightest impression. *Graph.*<sup>200</sup> for a time eased all her pains, but she kept continually growing weaker. *Lyc.*<sup>200</sup> also did well; for a time she appeared to be gaining strength. One day, about three months after my commencing the case, her right arm, from the wrist to the shoulder, was found to be enormously swollen, red, hot, and all the symptoms of erysipelas; stinging-burning pain in the arm; pus from the ulcers dark, thick, and very fetid; cicatrix almost black; muttering delirium, alternating with stupor; *thirst, drinking often, but little at a time*; all the other symptoms much aggravated. *R. Apis*<sup>200</sup>—about a dozen of the smallest of pellets in a tumbler one-third full of water; one teaspoonful every hour. Next day she was much better. On the *third* day the condition was this: arm entirely well; no traces of erysipelas; cicatrix bright scarlet; pus white, inodorous, and copious; sloughs came away from several of the ulcers, leaving an apparently healthy sore; thirst natural; felt stronger than she had since the beginning of the treatment; numbness and partial paralysis of the side all gone; right leg still useless. Kept her on *Apis*<sup>200</sup>, one powder dry on the tongue once a week,

for seven weeks. During this time she continually gained in strength and flesh; several of the small ulcers actually healed up, no pain in the cicatrix, and appeared to be getting well. At the end of this time the remedy ceased to act entirely; and, although I used it in all attenuations from the 6th to the 1000, could get no further action. I removed about this time, and the treatment was conducted by letter. She finally sank so low that she could not remain up long enough to change her clothes; new sores made their appearance, and the old symptoms one by one returned. At last some frightful convulsions occurred, and in one of them both her hips were dislocated. Dr. S. A. Pierce, of Winona, attended the case for me, but she gradually sank, and died on the 17th of May, 1867. The family formerly requested a post-mortem, but latterly, for some unaccountable reason, this was retracted. I never regretted any thing so much in my life. This opens a new field of action for *Apis*; and believing, as I do, that such a thing as a "local disease" is an utter impossibility, I feel assured that if that villanous plaster had not been used, *Apis* would probably have cured the case. Will some of our older physicians be good enough to write their opinion of the case? What was the cause of this sudden relapse, and when the *Apis* failed what should have been used to restore its action?

TÆNIA SOLIUM.—BY COATES PRESTON, M. D.

Having, many years since, heard of pumpkin seeds as a remedy for tapeworm, and recently reading Prof. Hale's article in the Medical Investigator of April last, on this subject, I resolved to test this remedy the first opportunity. Fortunately I had not long to wait.

Mrs. H., aged fifty-six, a patient I had occasionally treated for the last few years for nervous dyspepsia and anorexia, came to my office some weeks since, complaining much of gastric trouble with great lassitude and want of appetite. She stated that she had been discharging worms which, from

her description, answered well to the segments or links of the common tapeworm. I directed her to retain some of them for inspection, and on examination my supposition was fully confirmed. She had been discharging from six to twelve of these segments daily for the last ten weeks, measuring each about an inch in length and four lines in width.

I adhered strictly to Prof. Hale's prescription: One ounce of the peeled pumpkin seeds, bruised thoroughly in a mortar, and saturated with milk, to be eaten in the evening after fasting through the day; on the following day, at 7 A. M., two drachms of sulphuric ether, and one hour later an ounce of castor oil. In one hour after taking the oil, the parasite was expelled, measuring twenty-five feet in length and fully six lines in width; and in addition there were forty detached links measuring each about an inch in length, which would make the enormous aggregate of twenty-eight feet. Having no microscope at hand, it was impossible to decide whether or no the head was expelled, but as the terminal end tapered to a point as fine as a cambric needle, we feel quite satisfied that the expulsion was complete.

CONSTIPATION.—BY C. W. BOYCE, M. D.

Miss Ranson, age forty, can't remember the time when she was not costive. Has taken continuously aloes for physic for several years. Has no inclination to go to stool. When she does not have a passage for several days she feels full in the abdomen and tight as a drum. When she does not take a cathartic she has a small passage with great straining. She must grasp something and exert the whole system to accomplish an evacuation. Dry, hard passage like cranberries. Has dry piles and pain running up the spine. Completely exhausted after a passage. Rectum and bowels seem paralyzed.

Alumina three doses.—First, <sup>200</sup>; second, <sup>1500</sup>; third, <sup>3300</sup>; at intervals of three weeks, cured the case perfectly.

## CROUP.—BY MAHLON PRESTON, M. D.

I have two cases of croup which, from the anxiety and alarm they caused me and the happy result of their treatment, seem to deserve mention. A little boy of some three years, a round, plump, healthy little fellow, was seized with symptoms of this unwelcome malady some twelve hours previous to my being called; the disease had begun violently and made a steady increase until that time, so that, from what I learned of the particulars of the case and saw of his present condition, there was not the least hope to be given of a favorable result.

The respirations were audible even before I entered the door, and the labor to obtain breath was intense, all the attentions and efforts of the little fellow were required to keep him alive; while his face looked blue and the perspiration stood like beads on his forehead. The cough, which continually annoyed him, was dry and hard; no sign of looseness met the anxious ears of the listeners.

I gave the child up to die, in my own mind, but as the parents were confirmed Homœopaths, I prescribed one dose, five or six pellets of *Kali Bich.*<sup>23</sup>, gave it at once on the tongue, and left a few powders of *Sach. lact.* to fill the interval until I should call again, which I expected to do soon, to find my patient dead; shortly afterward a messenger met me in the street desiring that I would see the child at once. On my arrival in a few minutes I found that the little fellow had been sleeping and on waking had alarmed the attendant by his violent struggles; but at the time I saw him this had subsided, my patient was materially relieved, which soon amounted to entire freedom of respiration; and in two days, without farther medicine, I had the pleasure of seeing my patient well without any expectoration or other unpleasant symptoms, save a slight cough.

Two days subsequently I was summoned to the case of a child laboring under the same disease; it had been sick some fourteen or fifteen hours. At 10 P. M., when I first saw it, the

respirations were audible from the room beneath the one in which the patient, a child of some seven or eight months, was lying. It had a hoarse, barking cough, which only troubled it occasionally, and had a disposition to sleep during its quieter moments; from the sound of the cough, and I admit a good deal from habit, I gave Spongia, to be used every three hours, and left my patient with that feeling which must always result from having made a careless perscription. On my morning call, at 9 A. M., the child was no better, yet his symptoms had not reached the severity which I had a right to expect they would have attained from my carelessness of the night before, and yet I was guilty of another inconsiderate perscription. It is not important to name the remedy then prescribed; suffice it to say that the case reached its farthest limit of severity at about 4 P. M., when I made my second call for the day. Domestic remedies had in the meantime been resorted to, and onions, snuff, and sliced bacon were mingled together, and the babe enveloped in one supreme coat of grease; he was struggling manfully for breath, dozing occasionally for a few moments, awaking in fits of suffocation, of which each one promised to be his last. On this particular account Tart. e. seemed to me the proper remedy, which was exhibited in the 200th, a single dose to be followed by Sach. lact. every half hour. I had no idea that this case would recover; but the similar was not discovered too late, for at 9 P. M. I communicated the self-evident fact to the attendants that our patient was free from danger; and without more medicine he made a speedy recovery in two days.

BY AD. LIPPE, M. D.

GELSEMINUM AND KALI HYD. IN ROSE FEVER—HAY ASTHMA.—This disease is of frequent occurrence in this locality, and has the peculiarity of affecting persons on the same day of the year regularly, unless they are cured of it. Some persons are temporarily relieved by going to the sea-

- side ; others have to go to the mountains. About the middle of May, most of the afflicted begin to complain in the morning of violent sneezing and coryza, which to them signals the approach of the unwelcome visitation : later the eyes begin to itch violently ; the head aches, especially in the forehead ; the catarrh extends to the chest ; a dry cough causes sleepless nights, and finally the attack passes into a violent distressing Asthma,—and sometimes it does not even end there, but is followed by congestions to the lungs, etc.

During the last two seasons, I have prescribed for far more cases of this very troublesome disorder than ever before, and found that in many, a vast majority of cases, one dose of *Gelsemium* 20 M. (Fincke) or higher, when administered at the beginning of the disorder, when the early morning sneezing heralded its approach, would check the development of the attack. In some instances it became necessary to repeat the remedy after the lapse of three or five days, when the patient had exposed himself to the influence of vegetable exhalations, sitting under trees or among flowers, and the effect would be prompt and very satisfactory. The administration of a third dose for similar circumstances became but seldom necessary. In cases where the discharge from the nose was very profuse and acrid at the very beginning, the water flowing from the nostrils in profuse streams, causing a feeling of excoriation, especially with persons who had formerly taken large doses of Mercury and were often afflicted with incipient styes, I found one dose of *Kali hydrojodicum* to check the attack at once ; the styes would then fully develop themselves, often becoming very large, and relieve the patient in general from this predisposition.

If this periodical disease is not properly met from the outset it will run through its course of six weeks and more, and even the palliation from a change of air is no safeguard against its immediate reappearance as soon as the patient returns to his accustomed home and to the locality in which it first showed itself.

## BENZOIC ACID IN ASTHMA.

Benzoic Acid has been the means of accidental cures of Asthma by the common school of Medicine, but we have not been able to find in the writings of that school any indications for its administration in this distressing disease. It is left to Homœopathy, through the application of its never-failing law of cure and practical rules, to indicate when we may expect to administer this acid with most positive certainty for asthma. The first time I prescribed Benzoic acid<sup>200</sup>, for asthma, I was led to its administration by symptoms not often observed to be present with this disease. The patient was a gentleman forty-five years old, who had suffered from frequently returns of asthma for more than twenty years: venesection on his first attack had doomed him to long-continued suffering, and he had tried all possible, rational and irrational remedies and modes of treatment, even the water-cure. Saltpetre no longer relieved him. I found him ill, his lower extremities much swollen, (Œdema,) and his strength much diminished. Upon fully examining his case, I found that the urinary secretion was almost suppressed, and that the very small quantities of urine passed by him but twice in twenty-four hours, were of a dark color and of a very disagreeable pungent smell. Guided by this well-known characteristic symptom of Benzoic acid, I gave him one dose of the remedy; very shortly afterwards he had the worst paroxysms of asthma he ever experienced—the attacks then became less frequent and less severe—after three days the urine became quite profuse, with considerable sediment, but without the former pungent smell,—and much paler. After ten days more, the urine again becoming dark and slight attacks of asthma returning during the early morning hours, I administered another dose of Benzoic acid, <sup>11<sup>m</sup></sup>, (Fincke). He improved, progressed well, and some weeks later one dose of Zinc restored the patient to health. The Zinc was given on account of a checked or diminished

expectoration, which it restored. In another case, of a gentleman seventy-two years of age, who had suffered long from gout and asthma, which latter generally appeared on the 4th of July, and always left him with a violent attack of gout, the same urinary symptoms led me to give him Benzoic acid. The asthma had always been worse after lying down, and especially after midnight, when he was compelled to sit in a chair inclined forward till morning; there was no anxiety or restlessness present (excluding the otherwise similar Arsenicum). Two doses of Benz. acid<sup>11m</sup>. (Fincke,) perfectly cured the case and no gouty symptoms followed, as in the previous attacks.

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#### CACTUS GRANDIFLORUS.

A. B., aged twenty-eight years, who had generally been healthy, enlisted in the army in July, 1864. After three months he got acute articular rheumatism in back and limbs. After a long sickness in hospital he was mustered out of the service as incurable. He slowly gathered strength, but applied to me in March, 1865, in the following condition :

Muscular condition fair, limbs free from stiffness or swelling. 'Lumbar muscles tender on pressure and stiff, especially on first moving after repose. The dulness in the præcordia extensive; blowing, with the first sound of the heart heard most distinctly at the apex of the heart. A constant sense of constriction in the region of the heart and epigastrium, "*as if the heart were grasped and compressed as by a hand of iron.*" This sensation is very distressing. It is much increased by muscular exertion, and especially by reading aloud or by loud talking. Cactus<sup>900</sup>, two doses, relieved the patient entirely. No return to the present time. He is still under observation.

## BOOK NOTICE.

DR. G. FENTON CAMERON, ON IMPERFECT DIGESTION, WITH CASES. *London*: James Epps, 170 Piccadilly.

The small work before us comes like a voice from the desert; and whatever numerical strength the opponents of Hahnemann and his practice may boast of, this little volume clearly shows that the mighty intellect of a minority is a superior offset to the numerical army marshalled in defence of "Eclecticism."

The first part of the work is devoted to the explanation of "Imperfect Digestion;" and the mode of ascertaining the Homœopathic remedy for each case is plainly stated, with an addition of extracts of Hahnemann's general rules for the examination of the patient. This is followed by illustrations, cases. Added to this is a recapitulation of a controversy between the Editors of the *British Review* and Dr. Cameron, which became a matter of necessity, as the *Review* closed its pages on Dr. Cameron, and garbled unmercifully what they were pleased to term a summary of the ideas diffused through a paper which was refused publication. The magnanimity of the *Review* is very well illustrated: when they wish to compel Dr. Cameron to excise some paragraphs of a paper, they say they will insert the remainder against their better judgment. They will, however, yield *thus far* to the numerical weakness of the Hahnemannians; but would refuse altogether, if they were the stronger side!!!

We fully appreciate Dr. Cameron's position when he says: "It is a painful and invidious task to put one's self forward as the reformer and corrector of abuses; but such strong antipathy has long been shown to Homœopathy by the members of the New School, and such strong efforts are being made to undermine and overthrow it in most of the periodicals and public institutions of this country (England), that as Dr. Bayes, one of the most voluminous periodical writers of the party, and one of the Editors of a widely-circulating journal, put the weapon into my hands so temptingly, I could not but use it."

The book is so full of instruction, so fully exposes the position of the "Eclectics," their tactics, their learning, their refinement and liberality, that we wish it were in the hands of all Homœopathists, and twice read by them.

A. L.

## ATLANTIC MUTUAL LIFE INSURANCE CO.

ALBANY, N. Y., June 1, 1867.

DEAR SIR:—The Atlantic Mutual Life Insurance Company was organized May 3d, 1866, one year ago, with a capital of \$110,000. Its assets at the present time amount to upwards of \$200,000, an increase of fully one hundred per cent. on the capital stock in its first year, the most trying, by far, in the business of life-insurance. It has issued more than sixteen hundred policies, insuring in the aggregate, over four million dollars. This unparalleled success establishes the enterprise on a permanent basis, and may be considered an earnest of still greater prosperity in the future.

I desire to recommend the Atlantic Mutual to the confidence of the Homœopathic profession, for the following reasons:

1. On account of its thorough organization, and the ability and experience of its officers. The success of the Company is unprecedented in the history of any previously organized Life Insurance Company, and is indicative of the reliability and sound financial basis on which it is established.

2. Its entire mutuality; provision being made for the early retirement of its capital stock; an arrangement which will promote the greatest prosperity of the Company; also, the largest dividends to the policy-holders.

3. *It is strictly a Homœopathic Company.* It utters no doubtful voice in favor of Homœopathic principles; more than two-thirds of its capital stock being held by the firm adherents of that school. Seventy-five per cent. of the policies were issued at reduced, and twenty-five per cent. at ordinary rates of insurance.

4. In the selection of medical examiners, Homœopathic physicians in all instances have the preference, and are appointed whenever practicable.

5. The reduction of ten per cent. of premium to *practical Homœopaths* affords striking and most convincing evidence of the general acceptance of the scientific basis upon which our system of medical practice is founded. This new feature in the department of life-insurance is a most important one to our profession; its value cannot be over-estimated. By means of the numerous agents of the Company, and by its circulars and manuals, issued under its auspices, and freely distributed throughout the country, we are publicly demonstrating, by conclusive statistical evidence, the great superiority of the Homœopathic over the Allopathic method of medical treatment. THE ATLANTIC MUTUAL is, without doubt, an important auxiliary, which the profession should promptly recognize and sustain, by giving it their united and cordial support.

6. Our circulars and manuals clearly set forth, that, in addition to the reasons hereinbefore mentioned, the plans proposed for the transaction of business embrace all the important advantages adopted by other companies, and also several which are new and peculiar to this Company.

We desire to call especial attention to the ample security offered its policy-holders. BY AN ENACTMENT OF THE LEGISLATURE, DURING ITS RECENT SESSION, WE ARE PERMITTED TO ISSUE A CLASS OF POLICIES SECURED BY PLEDGE OF PUBLIC STOCKS, THEREBY ENABLING US TO OFFER THE SAME SECURITY AS IS NOW GIVEN FOR THE REDEMPTION OF OUR NATIONAL BANK CURRENCY.

Our agents constitute a corps of earnest, thorough canvassers. They are constantly presenting to the public the practical benefits of the Homœopathic system; and our manuals furnish evidence from reliable statistics which cannot fail to convince any unprejudiced mind of the great superiority of Homœopathic treatment. Thus, by a well organized system of personal effort, and by a liberal distribution of our publications, we contribute directly to the more rapid promulgation of the principles and practice of the Homœopathic school. Hence every member of our profession will be materially and increasingly benefited by this instrumentality.

Inasmuch then as our interests and those of the medical profession are, in many respects, identical, we respectfully request Homœopathic practitioners to manifest a personal interest in this enterprise by *giving it the preference* whenever they deem it expedient to effect insurance upon their own lives or the lives of the members of their families or friends, and *recommend it to their patrons* on all suitable occasions. And further, in order to facilitate the labor we have so auspiciously commenced, we ask the profession to introduce our agents to practical Homœopaths by *furnishing lists of those who favor our system: such lists, in all cases, are considered strictly confidential.*

Hoping our plans will meet your cordial approval and secure your active co-operation, I remain,

Very truly yours,

H. M. PAINE, *Medical Referee.*

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THE FACTS AND THEORIES OF HOMŒOPATHY.

Read before the Philadelphia Homœopathic Medical Society.

BY JACOB JEANES, M. D.

*"Opinionum commenta delet dies, naturæ judicia confirmat,"* was the motto of an old medical periodical of this city. "Time blots out the comments of opinion, but confirms the judgments of nature." And this is true if we accept speculations and hypotheses as the comments of opinion, and recognitions of facts as the judgments of nature.

When we know that we have a certain perception of a truth, fact, or existence, we recognize it, we know that we know it. For certain perception is knowledge, and the certain perception of this knowledge is recognition. As if we could render certainty more certain, we are often disposed to support knowledge by reasoning. This has been attempted to be done even in regard to the fact of our existence. The *cogito ergo sum* of Spinoza is an attempt of this kind. "I think: therefore, I am," is, indeed, an expression not devoid of force; for the thing which thinks, although enduring a moment only in eternity and occupying but a point in infinite space, whilst it thinks must exist. Such reasoning, however,

though often in appearance frivolous, is yet, like the scepticism upon which it is founded, useful in calling renewed attention to a fact and inducing its recognition.

Before advancing to the consideration of facts which are of great importance to the science of medicine, a few remarks, suggestive rather than dictative, may be made in relation to the means or media through which we obtain a knowledge of the facts. Besides the means of internal we have those of external perception, which are termed the senses. These have their appropriate organs, through which we receive information of facts. Disease may cause us to have deceptive perceptions, defective organization may cause imperfect perceptions; but the knowing principle, exercising itself in judgment, will arrive at correct conclusions by methods which all feel or know better than any one can explain. Our organs of perception being limited both in power and sphere of operation, the information which we receive through them though really true, is often only partial; as for instance, when looking out at sea, we perceive the taper masts of vessels whilst their large hulls are hidden from us by the intervening convexity of the earth. But our knowing principle, combining this with other facts, perceives with certainty the globular form of the earth. Reflection and calculation will enable us to understand to how minute a portion of this great fact our visual power is capable of extending. Moreover, the information of our senses is limited to the present moment, but memory combining their successive revelations, we come to know of the germination of the seed, the development of the plant, and of its fructification. Acting upon this knowledge, we labor in the seed-time in order that we shall have the harvest.

The foregoing remarks in relation to knowledge have been made in the hope of their proving useful in the examination into which we are about to enter, by calling attention to the knowing principle which is in all of us. It is almost universally acknowledged because it is universally felt, except by persons such as those whom our jurists hold to be irresponsi-

ble for their crimes because they have lost the knowledge of right and wrong and of good and evil. To it we appeal when reasoning rightly with others, thus acknowledging its existence in them as well as in ourselves. Rightly to reason is to employ facts as our basis. Sophistically to reason is to employ theories, inventions, and falsehoods in the place of facts. The man who reasons rightly, taking facts for his guidance, will not attempt to mislead others, and will rarely be misled. The sophist, although he may often succeed in moulding others to his own purposes, yet has little cause for triumph, because he owes his success to their weakness in not paying attention to their knowing principles, and beside this he has purchased an illusory victory at an immense expense. For he will not fail to use the arts which he has employed to entrap others, for the purpose of deceiving himself; and, passing from one mistake to another, he will at last sink, the unpitied victim of his own sophistry.

From whence this power, which man can neither give nor augment, cometh to him, let each one judge for himself, showing his appreciation of it by its employment.

A few remarks upon the science of medicine, of which Homœopathy is an important part, will be proper before entering upon the consideration of some of the important facts of the latter science.

As *scientia* or science is knowledge, the expression or term science of medicine means a knowledge of curing diseases, but this meaning has been extended to the knowledge of preserving health by the prevention of disease.

There have been some persons who have claimed to be sceptical as to the existence of such a science, and others have attempted to satirize it. But the former have generally shown the weakness of their scepticism by accepting medical aid when they were attacked by disease; whilst the shafts of the latter, unable to reach the true science, fell among its counterfeits, often, perhaps, with good effect. We will not wonder, however, that scepticism in relation to medicine should have existed, when we call to mind the reign of theory

after theory, forming the bases of what have been termed systems,—each, after a time, falling into disrepute. When we also remember the absurd notions and superstitions which have existed in our own time, and which still linger not only among the ignorant but even among the tolerably well-informed, we would be surprised that this scepticism was not more general, if we did not know how deeply the foundations of medical science are laid in nature. For men, wherever situated, on this earth must know health and disease: and everywhere must have felt in their own persons or witnessed in others the beneficial effects of remedial agencies. We find a corroboration of this statement in the fact that we have received not only some valuable medicines from barbarous or semi-civilized peoples, but also the knowledge of some of their important properties and uses. Notwithstanding this is the truth, we ought to be careful not to place too high an estimate on the medical science of such peoples. For wherever the knowledge of writing does not exist, medical experience can have no record except in the tablets of memory, which indeed are capable of retaining much useful information, which by oral communication may be transmitted from generation to generation. But few will venture to deny that science is likely to advance more rapidly and to a fuller development among a people who possess the arts of writing and printing. Both by oral tradition and by writing valuable facts have been transmitted to succeeding generations, and with these a large amount of superstitions, absurdities, and falsehoods. The man who may be acquainted with much of this kind of information in relation to medicine will be esteemed a learned doctor, though he may be far from being a good physician. The exercise of the knowing faculty, enabling him to discriminate between fact and fiction, is necessary to qualify him to be the latter.

Learning is indeed valuable in medicine; so valuable that it is indispensable. It brings before the mind a vast amount of information from the observations of many which could never be reached by a single individual. It enables a man

to become a vastly better physician than any one can be who is limited to his own observation and experience. But learning should go hand in hand with judgment. Fortunately for mankind, there always have been physicians who, whilst they zealously sought after information, still placed their principal reliance upon facts. And these are the men who have aided most to give stability and utility to medicine. An immense majority of these good common-sense practitioners have neither been extensive writers nor teachers in colleges, but their examples have been shining lights illuminating the pathways of medical science. What proportion of these have arrived, from their own observation, at the thought that medicines cure diseases similar to those which they produce, we cannot know. But we do know that some of these who have been writers have left the record more or less clearly worded of their recognition of this important truth.

Samuel Hahnemann was the first who succeeded by systematic experimentation in establishing it as a science. He gave it also a name: Homœopathia. The methods he pursued were two. By the first, as a learned physician, he sought corroborations of his views in the records of medical science. In the second, he relied principally upon the facts developed by his experiments. He tried medicines upon himself and upon some of his friends and pupils. He recorded the symptoms of each medicine as they were yielded upon such trials, and added to this record the peculiar symptoms which had occurred in cases of poisoning or such as were recorded by reliable authors. How upon the symptomatology of medicines, the practice of Homœopathy has been instituted it would be superfluous to state. Of his teachings we have made unto ourselves knowledge, by subjecting to trial in disease, not only the medicines which were proved under his supervision, but we have also tried medicines which have been similarly proved by others. Some of us have added to this experimentation upon our own persons. The results of these experiments, together with the confirming testimony of a multitude of learned, successful, and upright

physicians, have led us to the recognition of Homœopathy as a fact.

Whilst we have such an extensive and inexhaustible field from which we can draw the most important facts, it may appear frivolous to refer to the imperfect Homœopathic practice which existed before the days of Hahnemann, and still exists in the old school of medicine. To this belong the employment of laxative or purgative medicines for the cure of dysentery and diarrhœa; of emetics to cure nausea and vomiting, and of other medicines to cure diseases which are similar to those which they can induce.

It is rational to infer that large doses of medicines might be capable of aggravating a disease which is similar to that which they produce. This was formerly apprehended, and sometimes the doses of such medicines were in moderate quantity; but the reduction of dose was rarely carried to a sufficient extent. Observing that aggravations sometimes occurred after very minute doses, Hahnemann became desirous to find what may be termed the minimum dose; or rather a dose which, whilst it was large and powerful enough to modify the actions of the system sufficiently to effect a cure, should not be capable of causing any troublesome increase in the sufferings of the patient. Resorting to dilution for the reduction of doses, he found that this object is unattainable. For however far we have gone in the reduction of doses,—and in this we have gone so far that many of them approach to infinitesimal,—we still have cases of Homœopathic aggravation. And, curiously enough, they are more frequently observed from the extremely small dose than from very moderate quantities of the crude drugs. This, together with the wonderful curative effects of the minute doses, led Hahnemann to give to the dilutions the name of potencies. The facts were unexpected and led to an apparent contradiction. He diminished his doses to diminish their power, and yet recognized potentization as a consequence of dilution and reduction of quantity. But there is no contradiction here; and still less, as some have urged, a claim that a part is

greater than the whole. It is only what happens with medicines as given by the old school. Take, for instance, Mercury in its metallic form. A considerable quantity of it may be taken without the production of observable mercurial effects. Triturate it with syrup so that it shall be divided into a vast number of small globules, and it becomes an energetic medicine.

This matter of the small doses has been made a subject of ridicule by some persons, who appear to have been sufficiently presumptuous to think that they could, by the simple exercise of their reasoning faculties, unaided by observation and experience, decide upon what are and what are not the facts in nature.

Many persons consider the minute dose to constitute Homœopathy. We see them as distinct things, although it must be admitted, that either without the other would not have any thing like the value which they possess when employed conjointly.

To attempt by argument to prove or disprove any recognized facts, such as Homœopathy, is nearly equivalent to the endeavor to prove our own existence by reasoning; yet for the purpose of attracting renewed attention to the fact, it may be allowable to suggest, that close similarity of symptoms probably involves identity of parts affected, and that more is to be expected from a medicine which acts directly on the diseased organs than from one which operates more energetically upon other parts. But this is partly theoretic, and time may blot it out as a mere comment of opinion.

Before closing this paper, its author wishes to restate two cases which he verbally related at a meeting of the Society. He accuses his own blundering rather than the accuracy of the reporters for the imperfection of the published statement.

Nearly thirty years ago he had under his care, at the same time, two patients complaining of very similar *sticking pain in the right side of the throat*; one of them had been cured of an asthma with a few doses of *Lobelia inflata*<sup>15</sup>, the other

had recovered from a fever under his care. In the former the disease had been troublesome for five, in the latter for thirteen years. Both had consulted physicians, but had found no marked benefit. They both persisted in the treatment in spite of long-continued failure to make any impression upon the complaint. Whilst they were still under treatment, he tried upon himself the tincture of the setæ of the *Dolichos pruriens*, in the second centesimal dilution. He experienced a similar pain in the same region as theirs. Carrying the medicine to much higher dilution, he administered it to each patient. In the case of five years standing a few doses removed the complaint so completely that there was no return of it for eighteen months, when, upon its reappearing slightly, two doses were taken and the disease has not again returned; this patient is still living and is seventy-six years of age.

The case of thirteen years duration was free from the disease for one week after the first dose; successive doses relieved for shorter and shorter times. At length she was allowed to take a dose every day, but reported that the medicine, although it relieved her throat, *gave her such pain in the gums that she could not sleep for half the night*. Other medicines were given for a time without apparent effect, when the *Dolichos* was again resorted to, and she again reported that although the medicine relieved her throat, it gave her such a pain in the gums that she could not sleep for half the night. Treatment unsuccessful. Discontinued. After-history of the case nearly unknown.

There are facts in these cases which may be of value in a further consideration of the facts and theories of Homœopathy, which may yet be undertaken if the present paper is satisfactory to the Society.

## OPHTHALMIC SURGERY. No. I.

BY JAMES B. BELL, M. D.

Operations upon the eye require so often an especial degree of skill and preparation on the part of the surgeon that physicians hesitate to undertake many which they might readily do; many that require no more skill than the removal of a sebaceous tumor from the face. It would seem as though most of the pages devoted to this subject in works on surgery were rather intended to give a general knowledge of the methods and procedures, than that clear and plain understanding of the matter which will give the physician confidence to proceed by himself. If there is any work specially devoted to the subject that is free from these objections, the writer is unacquainted with it.

This series of papers is undertaken with the hope of supplying this want to some extent. If our Homœopathic brethren, and particularly the younger members of the fraternity, shall be encouraged thereby to supply themselves with the comparatively simple and inexpensive instruments necessary, and to perform many of the operations upon the eye that now fall to Allopathic specialists, the end will be fully attained.

The writer would gratefully acknowledge his entire obligations to Prof. Ferd. Arlt, of Vienna, for his personal private instruction in Operative Ophthalmology, which will form the basis of these papers.

**FOREIGN BODIES.**—The character of foreign bodies that may get into the eye, either loose or imbedded in the conjunctiva, is exceedingly various. The following substances are most frequently met with: small pieces of stone, glass, coal, iron, brass, or other metal; straw, feathers, wood, bone, cinders, insects, hairs, grains or seeds, husks; also irritating or corrosive substances, as tobacco, pepper, acids, lime, or mortar, and ashes.

The results of such an accident are so immediate and severe that the patient usually seeks the physician at once, and is able to describe the cause of his suffering. If the case is very recent and the substance known to be of an inoffensive character, a simple proceeding will often remove it. Cinders and other bodies of somewhat rounded form have a tendency to lodge under the upper eyelid, near the middle of the tarsal cartilage.

Let the patient sit with his back to the light, with his eyes closed, and the physician sit opposite him. The eyes remaining closed, let the physician seize firmly the lashes of the upper lid with the thumb and forefinger, draw the lid away from the eye about an eighth of an inch, then draw it down one-fourth of an inch, carry it again toward the eye, bringing the inside of the lid in close contact with the lashes of the under lid. On letting go the upper lid it will withdraw to its place and the offending body be swept away by the under lashes.

Should this fail, or should the body be known to be of a different character, having some sharp angles, the eye must now be thoroughly explored. If the eye is too much inflamed for this, a few doses of Acon. should be given and the eye bathed frequently in hot water in a darkened room. As soon as the inflammation has considerably subsided, seat the patient in a *side* light and bind up the well eye with a bandage in order the better to control the injured one. This is necessary in every case of protracted examination or operation upon the eye. First draw the lower lid downwards, pressing it a little against the edge of the orbit, in order to bring the fold of conjunctiva lying at the bottom of the eye into view. Cause the patient also to look upward and then outward—the offending body sometimes lodges in the crescent-shaped fold inside the canthus. We have next to reverse the upper lid or turn it wrong side outward. This requires a little care, and becomes much easier by practice. The eye being closed, take firm hold of the upper cilia with one hand and lay the handle of a cataract needle, a small pencil, or a similar body upon

the upper lid horizontally, midway between the edge of the lid and upper margin of the orbit; draw the lid one-eighth of an inch from the eye, press gently upon the upper edge of the tarsal cartilage with the needle-handle, pressing it at the same time downwards, carry the lower edge more outwards and upwards, then, with a quick motion backwards, folding the lid upon itself and at the same time withdrawing the needle handle. This exposes the conjunctiva of the upper lid as far as the tarsal cartilage extends. Transparent bodies, as pieces of glass, are best discovered at this point by allowing the light to play across the mirror-like surface of the exposed conjunctiva. In order to view the upper commissure or fold of conjunctiva, seize the slack skin of the lid and draw it upwards as far as possible towards the forehead, the patient throwing the head backward and rolling the eye downward as far as possible. A complete view cannot be obtained. It may, therefore, be necessary to use a probe or the spoon of Daviel.

For the removal of a loose body we require a camel's hair pencil, the twisted end of a piece of fine linen, or Daviel's spoon,—(which is simply an elongated ear-spoon of brass or silver, three thirty-seconds of an inch in its widest diameter; it is mounted in a handle with a counterpart in the opposite end, flattened and curved as the other, but not scooped out, a thin curved strip. We shall have occasion to refer to it often,)—or sometimes the forcible injection with a small syringe of lukewarm milk and water.

For substances, as pieces of metal, imbedded in the cornea or conjunctiva, the best instrument is the straight cataract needle. Seat the patient at an angle of forty-five degrees with the light; raise the upper lid with the forefinger of one hand. There is a little art in opening and holding the lids, which may as well be described here. In order to have an upper or lower lid under complete control, it is necessary to draw up or down all the loose integument and, holding it firmly under the finger, place the ball of the finger upon the edge of the lid. If the lids are drawn open without this

precaution the spasmodic efforts of the patient to close them will succeed. For the upper lid, then, lay the forefinger, at the second joint, upon the eyebrow, and, pressing with sufficient force, draw the loose integuments gently upward until the edge of the lid is brought nearly to the edge of the orbit, when the ball of the finger is to be placed upon it and retain it there. Holding the cataract needle like a pen in the other hand, rest the little finger upon the bridge of the nose or upon the malar bone or other neighboring solid part, carry the point of the needle quickly under the imbedded body and lift it out, all with a single motion: repeat it if necessary until the pain and lachrymation require a moment's rest for the eye. Several such efforts may be necessary before success is attained. In a case recently attended, that of a carpenter who was grinding a plane, when a piece flew in his eye and lodged about one-eighth of an inch above the cornea, it was found to have pierced the conjunctiva and to be deeply imbedded in the sclerotica, causing much pain, though no larger than a small grain of blotting-sand. The elastic conjunctiva had drawn over the sclerotic round, making it necessary to cut through the former, which was accomplished by two or three efforts, and the piece of steel brought out on the needle, when the pain soon ceased.

Removal of the offending body is usually sufficient to remove the symptoms, but if much inflammation follows, Acon.\* will be most frequently required and will quickly remove it.

When the foreign substance is of a chemical character, immediate neutralizing is necessary, if possible, by injecting the eye with a very weak solution of commercial potash or Carb. soda for acids, and any dilute vinegar for alkalies.

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\* It may be as well to state here that, while the dose will not be prescribed in these papers, the writer has been led by comparative experience to greatly prefer the internal administration of highly dynamized medicines, in *all* affections of the eye, to the use of crude preparations, internally and externally.

Without waiting for this, however, pure water, lukewarm if possible, should be used at once. For irritating substances like pepper, nothing is better than pure milk, followed by milk and water, and lastly water, for first enveloping and then removing. If milk is not at hand a solution of sugar answers very well, and is perhaps the best thing for lime or ashes.

In using these injections the lids should be raised from the globe and a stream directed in with considerable force; any sort of a syringe will do that can be at once obtained. To detail the medical treatment that may be required to follow would lead us too far.

In the treatment of injuries of the eye, from the introduction of scalding water or molten metal, we have chiefly to prevent or cure deformity. The tendency is to adhesion between the lid and the bulbus, which we must seek to prevent, even if vision is already destroyed, for the better insertion of an artificial eye. This is probably best accomplished by keeping a plate of lead between the surfaces tending to adhere. It will cause but little irritation, and must be kept constantly in place if it can be borne. Sometimes a thin plate of wax, more like an artificial eye, is better. Frequent drawing of the lids away from the ball, or the production of artificial ectropion by fastening the lids open with adhesive plaster, may do something when these fail. Every fraction of space which can be gained by these means is of value in the future attempt at restoration.

In spite of all precautions, union of the lids with the eyeball, *Symblepharon*, will often occur, and sometimes the edges of the lids will unite, forming *anchyloblepharon*. If both are complete and the vision totally gone beyond restoration by an artificial pupil, no operation is to be undertaken; but if vision remains, or there is hope of making good use of an artificial eye, we will attempt to remove the deformity.

The same principle applies here as in cases of union of fingers or toes with each other, viz., the prevention of reunion after separation, by first establishing a sound portion at

the commissure. Lead possesses the property of favoring this condition as much or more than any other metal, and is also very manageable, adapting itself readily to the form of parts. By means of a curved needle, introduce a lead wire between the lid and the globe, carrying it to the lowest possible point, one end coming out at the outer and the other the inner canthus. Each end is to be fastened with adhesive plaster and the wire moved back and forth each day. Or the wire can be made of a tapering form and drawn gradually forwards. In ten to fourteen days a fistulous canal, lined with epithelium, will be fully formed. The lid may now be carefully dissected from the eyeball down to the lead wire, and a plate of lead kept between the freshened surfaces.

When the adhesions do not extend to the commissure, as can be ascertained by passing a probe around them, the dissection can be made at once, and if the surface is not very extensive, reunion can be prevented by taking a few fine stitches in the conjunctiva bulbi.

If the union is very close it will be better to include but one-half or one-third of the united surface in this operation at one time, on account of the difficulty of passing the wire the whole length at once. If the lachrymal canal is closed it will be necessary to remove the surface with the scissors, seek the minute opening, and introduce a small silver or leaden wire, fastening it in place and changing it daily for a larger one.

**WOUNDS AND INJURIES.**— *Wounds of the cornea.* Foreign bodies of considerable size, as pieces of wood, glass, stone, or metal, sometimes penetrate through the cornea, making a punctured wound of considerable importance. Violent inflammation is liable to result, terminating sometimes in suppuration, particularly if the patient is in a depressed condition of body. Carefully-selected Homœopathic remedies administered internally may be relied upon to prevent this. If the cause of the wound remains seated in it, it must be carefully removed, and if it is composed of a substance easily broken, it is better to enlarge the corneal wound with a cataract-knife

than to run the risk of allowing pieces to become broken off and remain.

Punctured wounds of this kind, or from other causes, and incised wounds, produce results according to the extent of the wound. If at all extensive there will be loss of the aqueous humor, either with or without prolapse of the iris. The latter is a serious accident, but is not to be met by too active measures. The first requisite in its treatment is the recumbent position of the patient. All active muscular movement must be suspended as much as possible. The return of the iris is aided by gentle passes with the thumb back and forth over the closed lids, followed by sudden opening of the eye.

If the iris will not thus return of itself, an attempt may be made to reduce it with Daviel's spoon. This must be used, however, with great care. It is to be held like a pen, and an effort made to sweep the iris gently through the lips of the wound by an upward movement of the fingers, in a direction parallel with the lips of the wound.

Should these efforts fail, the protruding part must be cut off with scissors curved toward their surface. In extensive wounds of the cornea the patient must observe the precautions to be described under the extraction of cataract in order to favor union by first intention.

*Wounds of the Sclerotica.*—Incised wounds of the sclerotica heal very readily with no evil results. Punctured wounds do the same, if not too extensive, and no foreign bodies remain in the wound.

Rupture of the sclerotica is a more serious thing, and is not very rare. It is produced by blows upon the eye, and generally occurs quite near the cornea, never farther than one-quarter of an inch from its edge. The loss of vitreous humor from either class of wounds is not important, if it does not equal or exceed one-third of the whole mass. The iris may fall into the wound and, in some cases, the lens, producing permanent loss of vision. The treatment is wholly medical. The recumbent position must be preserved for five or six days, and the eye frequently bathed with hot water, if painful.

## DR. FROST, AND THE ENGLISH REPERTORY.

BY P. PROCTOR, B. C. S. &amp; L. A. C.

Homœopathic Dispensary, Hardman Street, Liverpool.

Dr. A.—Good-morning, Dr. B. I pay you this visit in the hope of finding you disposed for a little conversation respecting the article by Dr. Frost, in the May number of the "*Hahnemannian Monthly*." Knowing your sympathy with the particular school of which Dr. Frost is an able supporter, I thought you would be willing to defend him against the charges of unfair statement and inconsistent doctrine that I am compelled to allege against him.

Dr. B.—You surmise rightly that I regard our principles with something akin to devotion; and as I am acquainted with the article in question, I shall certainly undertake its defence, and if you will state your objections I think I shall be able to explain them away.

Dr. A.—With respect to the earlier portion of the article, I have at present no remarks to make,—that is occupied with the question of the dose, a matter on which I may have something to say another time. It is with reference to the other great question—the *Materia Medica* and *Repertories*; and the *English Repertory* in particular. Now, at page 438, there is a paragraph dilating upon the imperfections of all repertories, and their insufficiency for the guidance of the true Hahnemannist. But, are you aware that I claim for our repertory (I mean the one in course of publication by the *English Hahnemann Society*, and which is, above all others, objectionable to Dr. Frost) a complete exemption from the objections there laid down?

Dr. B.—I know the work, but do not see on what ground you claim the exemption.

Dr. A.—On the ground that our repertory is not a clinical repertory at all, using the term in the sense of its being applied to *Jahr's* and *Hempel's* and *Bœnninghausen's* works.

It is something far different. It is what it professes to be, "A systematic arrangement and analysis of the Homœopathic Materia Medica," and it is intended to supply the want felt in using the inevitably imperfect clinical guides. There is no classification of the remedies under any nosological heads, no pointing out any special drug from the knowledge of its uses *in morbis* or from its apparent virtues gathered from a study of its symptoms in their pathological aspect, both of which sources Hahnemann deprecated. On the contrary, it aims at supplying Dr. Frost's demand for "an index to the pure pathogenesis," page 440. It cannot supersede the *Materia Medica*. It is no substitute for it, but a guide to it, and should be regarded as a concordance or catalogue of the symptoms classified only so far as to make it a *catalogue raisonné* to the *Materia Medica Pura*.

Dr. B.—You certainly place your repertory under an improved aspect to me, and I concede your point, that Dr. Frost's remarks do not apply to a work of this scope and character. From your description the work seems to be *ideally* perfect, however it may turn out in the practical application of it. I cannot, however, forget Dr. Frost's remarks on page 439, which apply even to your repertory, "that such guides may indeed conduct us to the right conclusion, but they lead us blindfold, and that all our repertorial study, whilst it but poorly serves the present purpose, brings leanness into our souls; since it prevents our minds from being stored with such masterly knowledge of the medicines as shall render us more and more independent of this continued and slavish study." The fact is, we strive to get at the characteristics of a medicine, so as to be able to prescribe it without the drudgery of comparing every shade of symptom.

Dr. A.—This aspiration I know is expressed by your party, but does it not strike you as being remarkable, in coming from those who rejoice in being thought the closest followers of Hahnemann? He encouraged no longing of this kind, but ever insisted upon all the symptoms being studied without

special regard to any one phase of them which you are pleased to fix upon and consider characteristic. Symptoms are to a disease as the letters to a word. Which letter, then, would you say is characteristic of the word "astronomy?" Why, no one, of course, no two, nor even the whole of them, unless in their proper order. So with symptoms; neither the asphyxia, nor the nightly diarrhoea, nor the sour eructations, nor the foul tongue, singly indicates Pulsatilla; but they do if found combined. I will not pursue this subject further than to say, that I consider the "characteristic" tendency to be in the wrong direction, and as bearing on the subject between us, to be the natural result of having to wade through the original provings in search of a remedy without a guide to shorten the way, such as we intend our repertory to become. You seek for a royal road to the choice of a remedy and think to find it in the characteristics. I cannot but regard this phase of Hahnemannism as the strongest argument for the necessity of an index to the *Materia Medica*.

Dr. B.—I am almost afraid to admit that the practice by "characteristics" may have frequently led to the alternation of medicines. The stitch in the side and the hacking cough being held to indicate Bryonia, whilst some other symptom in the case has had the "characteristics" of Aconite, Mercury, or Phosphorus. Consequently, not knowing whose characteristics should have precedence, two or more medicines were given almost simultaneously. But let us keep to the subject of your repertory. I have another objection to it, and that is the use of the cipher: in Dr. Frost's phrase, your book resembles "a cross between a system of mnemotechnics and a treatise on the differential calculus." You may depend upon it, this fact will stand in the way of its general adoption, however complete it may be. Nobody will have patience to decipher the hieroglyphics.

Dr. A:—I am happy to find how much you concede to me. You admit the necessity for some such work, and you also allow that the work, theoretically, is perfect, but you find fault with the only plan which is practically possible. Let

me deal with this final objection. In the crowning sentence of Dr. Frost's paper, he demands "the full *Materia Medica* published in one grand work, brought down to the latest date, without the omission of a single symptom of a single prover." Now, let me ask you how you could expect a concordance to this "appalling list of symptoms" that should be complete without being voluminous, if some system of abbreviation were not used? It is the story over again of the old lady who had been for years in search of the smallest-sized Bible with the largest-sized print. She was a long time in getting suited, and so, I am afraid, with Dr. Frost. I do not mean to say that the present system of abbreviation is the best possible, but it was the best that suggested itself to the committee, and if your American colleagues would take the matter in hand, as I think they should do, we might have an improved edition, with perhaps a simpler arrangement. But let me say, that no one who had given the work half an hour's examination ever felt the cipher to be a serious objection. The interpretation is close at hand, and can be readily used. It is not, however, necessary to read the cipher at all, for if the prescriber have found a group of medicines agreeing in the one symptom under which they are classified, he may look up these medicines in the *Materia Medica*, to determine which of them possesses the other symptoms of the case. His labor would thus be limited to the study of a few drugs, instead of having to range from Aconite to Zincum. But here comes the value of the cipher: in the very place where the medicines are found agreeing in one *common* symptom, the cipher points out their *differential* symptoms, and may thus indicate a remedy that is completely adapted to the case in hand without further study. Thus, you see the cipher is not indispensable, but it is, notwithstanding, an extremely useful adjunct; and, so far from being a serious objection, that it should be regarded as enabling the work to be exact and complete without expanding into inconvenient voluminousness. I will not detain you longer than to say, that in consequence of the few practitioners who can work at the compilation of

the Repertory, with the patience that so exhaustive a work demands, it has unfortunately progressed very slowly; but it must eventually be completed, and I venture to predict, that under its present, or some similar form, it will become generally adopted and relied upon as the only satisfactory means of bringing the vast treasures of the *Materia Medica* to bear upon any given point of therapeutics. That it has not received the earnest support of the Hahnemannists is unaccountable, except on the supposition that a little preliminary difficulty has interfered with its careful examination, when its merits would have made it the handbook of those physicians who rely not upon the quantity of medicine that is given, but rather upon the extreme accuracy with which it is chosen, for their success in the treatment of disease.\*

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\* We insert the communication from our English correspondent with a great deal of pleasure, and take the liberty of subjoining a few words in explanation and reply.

I. Our "*Materia Medica*" article was very hastily prepared as an introduction to the discussion of the subject by the members of the Society, before whom it was read, and was intended to suggest topics rather than to establish conclusions.

II. The English "Cipher" Repertory—of which we have only seen a few numbers published years ago—we had supposed to have been long since given up by its proprietors as a bad job. If, as now appears, it still lives, and is slowly advancing to completion, we shall withdraw our criticism of the work until we see the whole of it, and *make the attempt to use it as a whole*. And then we shall as much as any one rejoice to find the work no less valuable than its friends believe. In the mean time the very slowness of its preparation may prove the means of greatly augmenting its intrinsic worth; since it will give opportunity for incorporating *all the symptoms of the Materia Medica Magna Americana*, which is now in course of publication in monthly tracts of sixteen pages; and the whole of which, therefore, we may reasonably expect to receive in the course of fifteen or twenty years.

III. We consider the "characteristic" symptoms valuable only as being suggestive, as leading to the thorough exploration of the indicated remedies in the *Materia Medica* itself.

ED. H. M.

## HOMŒOPATHY.

Read before the New York Central Homœopathic Medical Society.

BY C. W. BOYCE, M. D.

The Editor of "The Quarterly Homœopathic Journal" (Boston, 1849) uses the following language :

"There is no disguising the fact that two distinct parties exist in the Homœopathic school. This may be new to some physicians in this country, who have been led to believe that there is entire unanimity on all points amongst the Homœopathic physicians in Europe ; yet it is most indisputably true, and will not be new to those who are familiar with the German and French Homœopathic literature.

"This division is not sectional or of recent date, as has been intimated ; but it extends throughout the wide dominion of the "Homoion," and originated with such very able men as Drs. Moritz Muller, Rau, Wolf, Trinks, Kretzschmar, Rumel, and others, who, nearly a quarter of a century ago, openly, freely, and frankly declared their dissent from Hahnemann, or some of his theories, and the inferences which he drew from them ; more especially on the potence and psora theories, with their results. This gave rise to the organization of a distinct party in the school, in opposition to the 'Hahnemannian ;' and the difference thus commenced has not only continued since but been widened of late by the introduction of the 'high potencies.'

"One party, then, adheres to Homœopathy as founded and bequeathed to us by Hahnemann ; this it calls *pure* Homœopathy. The other, accepting all that it believes to be confirmed by reason and experience, labors for the improvement and advancement of the new system, and by supplying where it perceives deficiencies, remedying imperfections, and replacing errors by truth, strives for a broader and more scientific foundation.\* This is called *rational* Homœopathy. In

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\* Hygea, Vol. 28, No. 1.

the fundamental principles, however,—those which constitute the essence of Homœopathy and her imperishable pillars,—both parties agree. They are :

“ 1. The principle, *similia similibus curantur*.

“ 2. The proving of medicines on the healthy for the purpose of discovering the specific relation between the drug and the human organism.

“ 3. The consequent indication in disease.

“ 4. The efficacy of comparatively small doses.

“ 5. The exhibition of simple substances.

“ 6. Abiding the effects of each medicine.

“ 7. Attention to dietetics.”

This, Mr. Chairman, is the statement, fairly made, of a partizan on the side of *rational* Homœopathy, and I can but feel that it meets the views of *pure* Homœopathsists; at all events it can be taken as a basis of discussion.

Before we discuss these “fundamental principles,” let us briefly review one point which stands at the commencement of an appreciation of what constitutes Homœopathy,—“In the healthy condition of man there is an immaterial, vital principle which animates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these living, healthy organs for the superior purposes of our existence.” (Organon, Sec. 9.) In a state of health we know nothing of the operation of this vital principle. All the functions are carried on without our knowledge and we live and enjoy existence. When the action of this vital principle is deranged it produces an abnormal condition which we call disease, and disease is made known to our senses by sensations and conditions which we call symptoms. Only the deranged action of this immaterial vital-principle can produce disease. Disease, then, primarily, is immaterial, and only becomes material, if at all, after a longer or shorter duration. If we confess, for argument’s sake, that disease eventually becomes material, we have only to restore the vital principle to its normal

action, and the disease removes or is removed,—the immaterial removes the material. But, if we are able to know any thing of the workings of the human system, we know that any abnormal material in the system is the result of disease and not disease itself.

The deranged vital principle alone producing disease, and disease being made known only by symptoms, it follows that all we can know of disease is by the symptoms present, or the symptoms are only the manifestations of the deranged vital principle. When we perceive no more symptoms we may be sure that the disease is cured.

In regard to remedies :—These have corresponding components with the organism. The organism has its vital principle, the remedy has its spiritual power. "By the operation of injurious influences from without upon the healthy organism, influences which disturb the harmonious play of the functions, the vital principle, as a spiritual dynamic, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases, be removed by the physician, except in like manner by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicines acting upon the same vital principle, and this action is communicated by the sentient nerves everywhere distributed in the organism; so that curative medicines possess the faculty of restoring, and do actually restore health with concomitant functional harmony by a dynamic influence only, acting upon the vital energies, after the morbid alterations in the health of the patient which are evident to the senses (the totality of the symptoms) have represented the disease to the attentive and observant physician as fully as may be requisite to effect a cure." (*Organon*, section 16.) Dr. Hempel says: "The doctrine of high potencies can be accounted for by this other doctrine, that the animus, the inmost power of every drug, is an efficient, immaterial, although substantial principle; in other words an essence of power of which the visible drug constitutes the body, the material substance. It is upon the presence of this inmost principle that the real efficacy of the drug depends." (*American Homœopathic Observer*, Sept., 1867, page 862.)

Dr. Potter writes me on this point that "Disease is

simply deranged or altered vital action, and that all the materiality that needs to be removed from the system is the results of disease. I think here is the primal error of Allopathy, mistaking the results of disease for disease itself; hence, then, therapeutics are founded on the idea of eradicating an entity from the system. Allopathy fails in consequence of not looking beyond the results to the cause. This, I think, is clearly proved by your argument drawn from Dunham's case, also from the corresponding relation of dynamized drugs to the vital theory of disease. Who has an imagination sufficiently powerful to discover enough of palpable matter or materiality in the five thousandth attenuation of a drug to act upon material substances? To be rational he must call to his aid the dynamic or spiritual nature of his remedy. If there is one point more clear to my mind than any other in 'our science,' except '*Similia similibus curantur*,' it is this: that disease is deranged vital action, and that the curative action of drugs is not in material but in dynamic or spiritual force."

Dr. Hawley writes me: "The question of the vital principle to which you refer, seems to me to have its solution in the doctrine of Swedenborg, that the causes of all things are in the spiritual world, or, as another author puts it, 'I see now that every thing has an essential soul; the trees have, rooted in the ground; the weeds of the sea have; the animals; I think there is nothing but immortality.' In that doctrine, and in that alone, it seems to me is based the philosophy of Homœopathy. This is where we must come if we would explain the law of similars; here we must come if we would get the rationale of potentization. The action of cell-germs will not account for either. This is the specific difference between Allopathy and Homœopathy. The one is purely material, the other is purely spiritual. The one works from the outside, the other from the inside: and when the world has found out that causes are always internal, never external, medicine will be redeemed from chaos and become a science."

Thus much preliminary to a discussion of the "fundamental principles."

The first, or the law of similars, is happily not subject of dispute; and as this is so, we may pass to the second.

The proving of drugs on the healthy is of the first importance. Our mutual friend, Dr. Lippe, has kindly furnished me with a paper on this subject, which will do far better for your information than I can. Consequently, I will read it.

## THE PROVING OF DRUGS.

BY DR. AD. LIPPE.

Read before the New York Central Homœopathic Medical Society, September 12, 1867, and referred to the Hahnemannian Monthly for publication.

Ever since mankind was afflicted by diseases, drugs have been employed to cure them; and as various as were the different opinions of the nature and history of diseases were also the opinions of the knowledge of drugs and drug-action. The father of the healing-art, Hippocrates, obtained most of his knowledge of drugs from the popular practice; he applied for the cure of the sick only simple, unmixed and single remedies. Dioscorides in his writings deviated already from the early simplicity, and always compounded several remedies in one prescription; as a consequence the knowledge of drug-action became less and less, and uncertainty increased with the use of a multiplicity of mixed drugs. In the early history of medicine, we find that the similarity of certain plants with certain parts of the human organism was a sufficient reason to ascribe to such plants a specific effect on such similar parts of the human organism. This was one of the sources of the *Materia Medica*, and on it was based the doctrine of the "*signatura medicamentorum*," the first and crudest conception of the law of cure as accepted by us. The smell and taste of drugs were thought to be indications of the manner in which they would affect the organism. Later, whole botanical classes of plants were supposed to have a specific effect, because one plant belonging to that class was thought to exercise a certain specific effect on the diseased organism.

Others flattered themselves with the hope of obtaining a knowledge of the dynamic effect of drugs by means of chemical analysis. The greatest source from which all knowledge came, and from which the *Materia Medica* was composed, was the clinical experience—that is, the application of drugs

to the sick, "*cognitio medicamentorum ex usu in morbis.*" The crude provings of drugs on animals, by Orfila and his contemporaries, revealed nothing really useful; for no analogy could be drawn from the action of drugs on the lower animal sphere as to the mode in which the same drug would affect the higher human organization. And even in our days some learned physicians vainly suppose the *Materia Medica* may be much improved, and a more perfect insight into the action of drugs obtained, by analyzing not only the drugs themselves, but also all and every secretion from the human organism following their administration: but nothing can be learned of the healing property of the drug, or of the essential nature of the disease, by subjecting all the secretions of the prover or of the patient to chemical tests. With Hahnemann dawned a new era for the medical art; he was the first who ascertained with certainty what effect drugs had on the human organism; the first physician who proved drugs on the healthy, and thereby established a full knowledge of drug-action.

The knowledge of drug-action on the human organism enabled Hahnemann to demonstrate practically the correctness of the law of cure on which the new system of medical practice was based; and in proportion as the new *Materia Medica* grew larger and more perfect, were he and his followers better prepared to give practical proofs of the superiority of Homœopathy over all former modes of treatment. Following in the footsteps of the Master, his disciples continued to prove drugs; some introduced by Hahnemann were subjected to re-provings tending only to confirm the great accuracy of his observations; new drugs were proved, and thereby our *Materia Medica* became much enlarged, much more useful, and the cure of many diseased conditions, formerly considered hopelessly incurable, was greatly facilitated. Every prover formed for himself some rules which governed him in conducting his inquiry into drug-action. These rules were the results of observations on himself and on others. Although I have made a comparatively limited amount of

observations, from which I am enabled to draw conclusions and form rules to be observed by a prover, I may, nevertheless, be allowed to offer some suggestions on the most feasible plan of proving drugs and some rules to be adopted by provers. The first and very important point is the drug itself. If we desire a correct proving of a drug, it is positively necessary that all the provers should test the same drug—precisely the same substance, whatever it may be.

Chemical preparations made by different persons may slightly differ, as every chemist may obtain the substance in a different manner and with different degrees of purity; such was the case with Niccolum. When provings were made of Kobaltum, it appeared by the symptoms obtained that some of them had a great similarity with those obtained by the first provers of Niccolum—that preparation, no doubt, containing Kobalt, the chemist not then having been able to separate these two metals fully; a new Niccolum proving became a necessity. Animal poisons are still apt to be much more at variance if obtained by different persons, at different places and in different seasons, and many mistakes must follow such provings. Plants differ very much in various localities and at various seasons; even the time of the day on which they are taken for preparation may make a great difference; and Paracelsus, long ago, attached great importance to the time of collecting plants for medicinal preparations.

It is very desirable that the provings should be made by as many persons as possible; that they should be of different ages, and of both sexes, of different temperaments, occupations and stations in life. It does not, nevertheless, follow that a proving made by one or two provers should be rejected on that account, since we have obtained very valuable provings made by one or two persons only: I will but mention here the very valuable urinary symptoms of Benzoic acid, of Dr. J. Jeanes; and the great addition to our *Materia Medica*, in later days, by Dr. R. Rubini, who with his wife alone proved *Cactus grandiflorus*. It would have been more

than unwise to reject either of those provings because not made by many persons.

Having the drug and the willing prover, the next question arises, what dose or doses should be taken to obtain the best results. The dose may be varied on account of the quality of the drug, or on account of the known susceptibility of the prover to similar substances, or to drug-action in general. As a general rule it will be found best to take but one single dose of the drug at a time. The effect of this single dose, however small or large it may be, will often develop itself almost instantaneously; as is the case with Glonoine, which will make its effects known, at the latest, in a few minutes. Other drugs are slow in developing their effects, as Causticum, Lycopodium, &c., and they may not be perceptibly felt before the third day. And where it is so slow in developing its effect, the drug-action will frequently continue for weeks; and even then the proving cannot be considered ended, as similar symptoms often reappear after fourteen or twenty-one days; or the symptoms, or group of very similar symptoms, will recur at certain intervals regularly; those intervals may be hours or days as the case may be. It would certainly interfere with the observations of the prover, if a second dose should be administered before the first had exhausted its effects. This one single dose should be just large enough to affect the prover; if too large, the proving will be of little practical use, as the system will at once endeavor to rid itself of an unwelcome intruder, and the revulsive symptoms so obtained will be of a low order and comparatively useless. If the one single dose produces no effect, it will not often be an indication that the dose was too small; in most instances a repetition of the same dose, or the administration of a larger one, will have no more effect than the first, and will show that the prover is not susceptible to the effects of that drug at that particular time. Under such circumstances it would be advisable to postpone the proving of the drug on that person to a future period. All the changed conditions and sensations produced by this one single dose should be

carefully written down as they occur, and not even such symptoms as at first appear trivial should be omitted; the prover should examine himself and such persons assisting him in his provings, by interrogatories, and in the same manner that he would examine a patient; Hahnemann's advice in his Organon, paragraphs LXXXIII to CIV, will guide him well in this respect. The record should be continued as long as any symptoms occur. If they have not been interrupted by an antidote on account of their severity, or by any other interference, the symptoms of drug-proving generally end similarly to other diseased conditions, in a kind of Crisis. The symptoms appearing latest are of great value; many provers have omitted them on account of their lateness, not believing them to be still the result of the drug-action; the mistake not being detected until, in the reports of other provers, corresponding symptoms to those omitted were found too late to put them on record from memory. The comparison of the records of different provers at once shows their correctness, as there always exists a harmonious similarity between good observations; the differences are often only complimentary symptoms observed by one, and not by the other provers. The diet should not be changed during a proving, as such a change alone is apt to cause a deviation from the habitual feelings and sensations. All excesses, or otherwise possibly interfering acts, or unaccustomed food, or unusual excitements, should be carefully avoided; and if such possibly counteracting influences have occurred, they should be carefully put on record. The first and sole object for which Hahnemann instituted these investigations (the proving of drugs) was to ascertain their action on the human organism. He obtained what he wanted, a diagnosis of the drug proved; and he further established the correctness of his observations, viz., the diagnosis of the drug, by using it as a curative agent, under the law of the similars. The speculative attempts to which medical men had resorted to obtain a "*Cognitio medicamentorum ex usu in morbis*" were failures; it was left to Hahne-

mann to teach the world, by precept and example, how the knowledge of drug-action could be ascertained, how drugs were to be proved, how a reliable *Materia Medica* was to be established. And as drug-action became a known fact, applicable to the cure of the sick under the law of the similars, an increasing knowledge of *Materia Medica* gave us an opportunity to diagnosticate the similar curative drug with increasing certainty in almost all diseased conditions.

In order to cure a patient it is not sufficient to know only the similar curative drug; another important question arises at once, how is the drug to be administered? Shall it be given in the crude state, or in a potency, or in what potency; shall it be but once administered, or oftener; how often, and at what intervals; or, is it right and advisable to give drugs mixed or in alternation? We require, then, practical rules to guide us further in practising Homœopathy. Hahnemann left us practical rules in his various writings, and holds out the promise of success, if they are strictly adhered to and carried out. Still the most implicit confidence in Hahnemann as an observer cannot induce every one to accept his practical rules "on authority." We can acknowledge in the science of medicine no other "authority" than natural laws; and only as far as he discovers these natural laws and proves their correctness, not by argument only, but by practical experiment also, can any one stand as an authority.

The "*cognitio medicamentorum*" (or knowledge of drug-action) does not include a knowledge of the "*usus medicamentorum*" (the practical rules according to which the similar drug should be applied). We have shown that the "*cognitio medicamentorum*" could not be obtained "*ex usu in morbis*," but only by provings, by putting the question directly to nature. Shall we now fall back into the previous error, and expect to obtain a knowledge of the "*usus medicamentorum*" (or practical rules) by resorting to the "*usus in morbis*," the results of experiments on the sick? The very history of our school settles this question. Experiments on the sick

have been made, observations have been put on record, but the deductions drawn from such observations have resulted in conflicting practical rules laid down by various experimenters. And these widely-conflicting differences of opinion among the physicians of our school have their origin in the erroneous and fallacious manner in which observations have been made,—each claiming to have found a new practical rule; while many claim to have found Hahnemann's errors, and demand their rejection, among them his theory of potentization, which is pronounced a grave error. According to such persons, with the promulgation of this theory began "the great errors of this great man." Some claim that the mixing of medicines is a great improvement, or that medicines given in alternation will do wonders; all of them in common appeal to their experiments, to their facts, and assert that the deductions they draw from such facts establish the best practical rules. These differences of opinion are then the legitimate results of the experiment on the sick. Had the question been put right, could it have been possible to obtain such contradictory and conflicting answers? The error thus perpetrated becomes the more serious, since all these questions have in fact been already answered; these answers are before us, if we but wish to see them; the provings of drugs have revealed them long ago, and, at the same time, corroborated Hahnemann's theories and practical rules. And although Hahnemann did not tell us how he obtained some of the theories and practical rules which he left us, it is very evident that the drug-proving strongly suggested them to him, and that experience proved the correctness of the suggestions.

The theory of potentization, the great stumbling-block to the materialistic converts to our school, is shown to be correct by the proving of drugs; because:

1. Some drugs, in their crude state, exercise either very slight or no visible dynamic effects on the human organism, but act very efficiently when potentized; as *Carbo veg.*, *Lycopod.*, *Nat. mur.*, *Silicea*, &c.

2. The provings of medicines made with higher potencies have elicited more characteristic symptoms than the lower potencies or the crude drugs were able to produce; as Nat. mur. 30, proved by the Vienna provers.

3. The highest potencies do not lose the power of causing sickness, or morbid symptoms; but provings instituted with them have confirmed former observations made by proving the drug in the crude state or in lower potencies, and brought out new series of symptoms in harmony with those known before. These new provings have also been confirmed by the test of clinical experiment, as the most excellent provings of Lachesis, Gelseminum, &c., by Dr. B. Fincke, will clearly show.\*

And if these three propositions are correct, it follows that potentization does not diminish the dynamic power of drugs, and that potencies having the power to cause sickness must most assuredly have the power to restore to health, if applied under the Homœopathic law.

The advocates of alternation and mixing medicines will find but poor comfort in our drug-provings, certainly they cannot properly use means for the cure of the sick that have never been subjected to the test of proving; and as we possess no provings of alternate or mixed drugs, we must, as Homœopathists, discard their use till the first step has been taken in the proving of drugs in the same manner.

If the method of proving drugs by taking but one dose is found correct,—as it seems to be so far as my individual experience goes,—then, should we not infer from this fact that one dose of medicine at a time will be sufficient to do all which this Homœopathically-selected medicine can do in a given case? And if the analytic study of our drug-provings shows that one single dose of a drug can affect, has affected, the human organism for weeks and even longer, may we not

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\* To reject, ignore or ridicule such provings, *a priori*, shows such an utter disregard for the manner in which scientific inquiries are made, that we feel ourselves compelled, at least, to ignore such persons.

infer from this fact again, that one single dose of a drug may affect the diseased condition of the organism for at least an equal length of time? And whoever will subject these deductions to the practical test, the clinical experiment, will find them confirmed.

The pathological wing of our school will also derive but poor comfort from the study of drug-provings. It will appear very evident:

1. That the same drug will affect different individuals similarly yet differently, this difference depending on the individuality of the prover.

2. That different drugs will affect the same prover in a similar and yet different manner; the similarity being caused by his individuality and predisposition for affections of certain organs, the difference being of course attributable to the difference of the drugs themselves.

The fact that morbid influences do cause corresponding similar yet different effects on different individualities will be a permanent bar to the fond hopes indulged in by the pathological school of presenting us with a description of the "unity of disease;" and so long as this unity of disease is not found, we need not dream of "specifics for specific diseases;" while the consequent expectation "to extend our usefulness" by generalizing will also be found to be a delusion, and we shall still have to individualize diligently.

Drug-provings have solved many questions, taught us "the knowledge of drug-action," and enabled us to find practical rules which unerringly guide us in the treatment of the sick. There are some questions still remaining open, unanswered, and among them the most vexed question is that of the "dose;" the experiment "*ab usu in morbis*" has failed to solve this one as well as the others, but this question, and all others that may arise, will, I hope, eventually find their solution in what I have endeavored to explain in this paper, "*The Proving of Drugs.*"

## SURGERY.

Memoranda of Operations performed at the Surgical Clinic of Homœopathic Medical College of Pennsylvania.

BY MALCOLM MACFARLAN, M. D.

CASE I. July 15. A. V., aged 25, was wounded at "Missionary Ridge," by a Minié ball, which entered the thorax, between the fifth and sixth ribs, five inches to the right of the sternum; passed backwards and downwards, and emerged between the eighth and ninth ribs, near their angle. The ball, in its exit, detached spiculæ of bone from the borders of the ribs between which it passed. The fragments not being removed, kept up continual irritation upon the adjoining surface of the pleura and lung long after the inlet of the ball and injury to the lung had healed. The outlet in the intercostal space was enlarged two inches on either side, and the incision carried carefully through the muscles of the back, when the fragments were found firmly embedded in dense fibrous tissue, and attached to the thickened surface of the pleura. A small quantity of pus escaped from the seat of inflammation on continuing the dissection. The spiculæ were detached with the handle of the scalpel and forceps, to avoid injury to the intercostal vessels and pleura. Hemorrhage from the bottom of the wound was arrested by Liq. Ferri persulph. The skin around the wound, which was funnel-shaped, was then dissected up, and the edges brought in opposition by ligatures. Staphysagria was given, as being indicated in this kind of wound, and the patient recovered very promptly, being able to attend to business in a fortnight. He has since experienced no return of his former symptoms, such as cough, accompanied with bloody expectoration and pain, referable to seat of inflammation.

CASE II. July 29. R. B., aged 19. Adenoid tumor, situated just beneath the left parotid gland, as large as a goose egg. It has been steadily increasing for two years, and the lymphatics about the whole neck were more or less

enlarged, hard, and lobulated. He had been treated medicinally for months, without benefit. After etherization, an incision, four inches in length, was carried over the long axis of the tumor, and in a line with the inner border of the sterno-mastoid muscle. The integument was carefully dissected from over the mass, and an attempt made to enucleate it from behind. Troublesome hemorrhage arose from a few small vessels, and the external jugular vein being involved, was ligated. Farther dissection showed that the tumor was attached deeply to the internal jugular vein and external carotid artery, when it was thought best to pass ligatures through the mass above this, remove the dissected portion, and allow suppuration to do the rest.

The flaps were then brought together by sutures, and when patient came to, China was given for loss of blood. On the fifth day, he was well enough to be sent home. August 15, slight deformity still exists, and Hepar was given to promote suppuration. September 6, suppuration going on, deformity decreasing, and now hardly noticeable.

CASE III. Aug. 8. K. S., lady, aged 16; fibrous tumor as large as a peach in the right sub-maxillary triangle. She first noticed it three or four years since. It gradually increased in size, and became extremely dense and unyielding. It interfered somewhat with deglutition, and slightly threw the head to one side. An incision three and a half inches long was made through the skin, superficial fasciæ, and platysma myoides, along the anterior belly of the digastricus as far as the hyoid bone. The integument was dissected from over the tumor, when it became quite movable. A strong ligature was then passed through it, and given to an assistant to apply traction and put the connective tissue on the stretch. The dissection was then commenced from behind, and the tumor separated readily from over the external carotid. Its strong attachment seemed to be a little in front of the angle of the jaw, and connected with facial artery. The tumor was supplied by an abnormal branch leading from this vessel, which was prematurely cut, and gave rise to con-

siderable hemorrhage, which was only restrained by ligating the facial itself. Eight or ten ligatures were applied in all. The flaps were brought together by sutures, and the patient sent home in ten days well.

CASE IV. August 12.—Mrs. A., aged 54, scirrhus cancer of the right mamma. A year since she noticed a small, hard, rounded tumor behind the nipple, which was tender to the touch and accompanied by pain darting to the axilla. It had steadily increased in size to an irregular mass five inches in its greatest diameter. There was also a slight discharge of thin, yellow fluid from the nipple on compressing it. After etherization a block was placed under the shoulders, the head depressed, and two semi-elliptical incisions made at the base of the tumor, meeting at the long axis in the intervertebral space. The tumor was then grasped by the left hand of the operator, drawn outwards, and dissected from the pectoralis major. The parts at the base of the cancer differed from other portions of its structure in being of a darker color, and so soft and friable that vessels readily broke away on applying ordinary traction. Hemorrhage was suppressed by passing needles, armed with ligatures, through the tissue containing the vessels. Sutures were used to close the wound, and an opening left at its inferior border for exit of pus; adhesive straps, applied transversely, and a compress completed the operation. The patient was strong enough to go to her home on the fifth day.

CASE V. August 29. Mrs. A. B., aged thirty-five. Removal of a fibrous tumor, one and a half inches in diameter, in front of the angle of the right inferior maxillary.

CASE VI. August 29. I. R., aged nine. Division of the tendons of the extensor communis leading to the index finger, and extensor indicis just below the head of the bone. The patient had been unable to flex the finger before, but readily did so after the operation. The finger was retained flexed in a splint.

CASE VII. September 2. Mrs. F., aged forty. Excision

of a segment of thickened cellular tissue beneath each of the lower lids. Previous to their removal they had the appearance of sacs overhanging the malar bones.

CASE VIII. September 15. G. K. E., aged about forty. Closed pupil, right eye, the result of a kick from a mule. Operation for artificial pupil by Langenbeck's method: a small opening was made in the right cornea, one line from its junction with the sclerotica, near the outer canthus; a fine lancet-shaped knife made to enter the anterior chamber; Beers' hook was introduced flatwise, passed across the obliterated pupil, and made to seize a portion of the iris near its inner ciliary margin; the hook was then drawn slowly outwards until the artificial opening was sufficiently large, the prolapsed iris being retained in the wound; charpie over the eye, and a bandage to retain it, completed the operation.

CASE IX. September 18. S. S., aged six. Spina bifida. Evacuation by acupuncture of the contents of a tumor to the right of the first lumbar vertebra in a child affected with spina bifida and lateral curvature of the spine. The small opening was closed by a strap and a compress applied over it, with a view to setting up adhesive inflammation.

In addition to the above was the application of Liston's splint, with Hodge's modification, in applying counter-extension for a fracture of the middle third of right femur of a child seven years old.

Plastic operation on the lobule of the right ear.

Section of the frenum in a tongue-tied child, nine years old (colored).

Excision of a sebaceous tumor from the scalp.

Division of the tendons of the hamstring muscles of both thighs in a child six years old, who had permanent contraction of the leg upon the thigh, and had been unable to walk for two years. The limbs were straightened and placed in splints.

Application of splints in fracture of the second phalanx of the middle finger of the right hand.

## DEPARTMENT OF MATERIA MEDICA.

BY W. JAMES BLAKELY, M. D.

*The Selection of the Remedy.*

To the young practitioner there is nothing so important, nothing, in fact, so indispensable, as a proper appreciation of the manner of using the *Materia Medica* to the best advantage; or, in other words, as to understand the only correct method of selecting the remedy. Many students, undoubtedly, leave college with ideas upon this subject the most crude and unformed; some with ideas entirely at variance with truth, and some with no ideas at all. Which of these three classes is the most to be pitied is hard to say; perhaps the third is in the best position, for he has not to unlearn much that is wrong in addition to acquiring that which is right. The immensity of our *Materia Medica* and the difficulty, we might almost say impossibility, of mastering its contents, invests it, in the eyes of the student, with the character of an object of dread, while the lighter and more fascinating qualities of other branches easily induce a preference for them. Thus, when the young physician is called upon to exercise the duties incumbent upon him, he finds himself, as it were, upon the boundless wastes of an unknown desert; far away from all that is familiar and known to him, he stands utterly confused and entirely at a loss as to which course he shall pursue. The multiplicity of the weapons at his command, and the variety of their uses, but add to his dismay, and he discovers that, after years of study, he knows almost nothing. Here, then, is the crisis for him; here is the point upon which hangs his future career; this the moment which decides his fate. There are many courses which he may pursue; there is but one which will insure him success. This one he can find if he will but seek it in the proper manner; if he do not reach it he either loses forever his chance of becoming a true physician or stumbles blindly on,

groping in darkness and uncertainty, and enduring years of painfully conscious ignorance before he finally discovers it. I believe this to be the bitter experience of very many physicians, resulting, in some cases, from incorrect teachings on the part of professors, in others from inattention or want of study on the part of themselves. This deficiency, when existing, cannot be remedied too early in professional life, and its removal, while releasing the physician from much that is uncertain, will give him that confidence so necessary to success.

In inaugurating a system of medicine based upon a law as infallible as truth itself, and which was to regulate the treatment of every disease and of every form of disease, as well of those yet to appear as of those already known to him, Hahnemann undoubtedly conferred upon humanity the greatest temporal blessing it had ever received; while in giving to medicine her proper place as an exact science—a position she never before could justly claim—he earned in its history the rank of its greatest philosopher. In the *Organon* we find many rules laid down by Hahnemann for the guidance of his followers, among which are his directions for the proper method of selecting the remedy. Among physicians, practising and professing to practice Homœopathy at the present day, there are several methods looking to this same end. I shall briefly review the one we have received from Hahnemann and those which are now in use, and shall afterwards attempt to indicate clearly to the student and young practitioner the only course to be pursued in order to select, in every case, the proper specific. For the sake of convenience I shall designate the three methods, to be considered, as *the Hahnemannian*, *the Pathological*, and *the Homœopathic*, premising that I by no means wish to be understood as separating Hahnemann from Homœopathy, but merely adopt this arrangement for the purpose of simplification.

The law of cure declares that “a drug which produces certain symptoms upon the healthy organism will remove those symptoms when occurring in disease.” In accordance

with this principle, Hahnemann maintained that the physician, when treating a case of disease, must select that remedy, the totality of whose symptoms should be most similar to the totality of the symptoms of the patient. This we see from the following extract from the *Organon*, where, speaking of the selection of the remedy, he says: § 18—"From this incontrovertible truth, that beyond the totality of the symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of a remedy." From this extract, and from others from his works, we are led to believe it was Hahnemann's conviction that the remedy prescribed should contain, in its pathogenesis, every symptom presented by the patient.

But in another part of the *Organon* (§ 164), he says: "The small number of Homœopathic symptoms in a well-selected Homœopathic remedy never injures the cure *when it is, in a great measure, composed of the extraordinary symptoms which particularly distinguish and characterize the disease*; the cure then follows without further inconvenience to the patient." Here we have really two methods of selecting the remedy given us by Hahnemann; under section 18 we are directed to make the totality of the symptoms our basis, while in section 164 we are told that this is not necessary, provided our remedy embodies the *extraordinary symptoms which particularly distinguish and characterize the disease*. Each of these methods of procedure is followed by Homœopathic physicians, but both are very much liable to objections.

To select a remedy in every case of disease (and in some, especially in chronic diseases, we find an interminable train of symptoms) the totality of whose symptoms shall perfectly correspond with those presented by the patient, is a work of immense labor, and is, besides, in most cases, an impossibility. Notwithstanding the voluminous condition of our *Materia*

*Medica*, it is extremely rare to find a case of chronic disease whose symptoms can be entirely covered by those of any one remedy, while in general practice, and in the treatment of many acute cases, want of time in the former and the necessity of immediate relief in the latter, would prevent a recourse to this method. To cure disease by applying a remedy which embodies only *the extraordinary symptoms which particularly distinguish and characterize the disease* is an absolute impossibility, and the physician who attempts it will find himself constantly disappointed. What are the symptoms which *particularly distinguish* intermittent fever—*chill, fever, sweating, and pyrexia*; what those of dysentery—*discharges composed of blood and mucus, accompanied by great tenesmus*. In our *Materia Medica* we may find scores of remedies producing these symptoms; which, then, shall the physician give, or shall he give them all at once or in succession?

If this be the correct mode of selecting the remedy, then, as Prof. Wells says, the law "*is a lie and not a law*." We see plainly, therefore, that neither of Hahnemann's methods is applicable, for though by immense labor the physician may succeed with the first, and by good luck with the second, neither possesses that scientific exactness which we would expect to find in the natural inductive result of an immutable principle.

The second method on our list is the *pathological*. It is adopted by those physicians who regard as "airy nothings" the subjective symptoms both morbid and pathogenetic, and who depend altogether on objective symptoms or pathological changes as their guides in the selection of the remedy, except, as the editor of the *Monthly Homœopathic Review* sagely remarks, in those "many cases where diagnosis is difficult and simply conjectural; and we concede that, in these cases, we must continue to resort to 'symptom treatment' until our pathological knowledge is more complete." Shade of Hahnemann, what language from the pens of Homœopathic journalists! Of this method I will simply say that it is in its very essence opposed to the spirit and letter of the Ho-

homœopathic law, that it is a return to that system which Hahnemann abandoned and denounced, and that if persevered in, it will become the grave of Homœopathy. But few of our remedies, and these only in accidental cases, produce structural changes; and our provers are not so enthusiastic as to push their pathogenetic researches to that extent. The subjective symptoms are essentially the voice of nature, telling us her wants and crying for relief; they are the finger-points which direct us in our explorations into those hidden depths in which we exercise our art, and they are the only guides upon which we may depend.

If, then, neither of the methods already noticed be adequate for the proper selection of the remedy, what course shall be pursued to attain that end? for, believing in the universality of our law of cure, we are confident that there does exist a way by which it can be scientifically and successfully applied.

For the sake of present convenient illustration in solving this question, and not as an arbitrary arrangement, I will divide the symptoms of our remedies into four classes, which I will style the *crude*, the *generic*, the *peculiar*, and the *characteristic*.

By the *crude* symptoms I understand those violent effects which result from the effort of nature to rid herself of a foreign substance, and which are *not pathogenetic*. Of symptoms of this class no practical use can be made.

By the *generic*, those symptoms which, while pathogenetic, are not *peculiar*, but are common to many drugs and are mainly objective. Upon symptoms of this class the pathological branch of our school base their selection of the remedy.

By the *peculiar*, those symptoms which, to a certain extent, individualize the drug, but not sufficiently so as to be relied upon as indications for its employment. Upon symptoms of this class is based the practice of those who follow the method laid down in the Organon; of those who attempt to oppose symptom to symptom, or, in other words, of those who to the

totality of morbid symptoms oppose a totality of similar drug symptoms.

By the *characteristic* we mean those finer and more delicate shades of drug action which are observed in the proving of every remedy. They are symptoms, for the most part, of an apparently trifling nature; symptoms which the prover recorded because he had experienced them, and not from any knowledge of their value; they are symptoms which he was, no doubt, often tempted to omit, so slight and unimportant did they appear to him. They are, however, symptoms noted by all the provers; they are experienced at the same time of day or night, and in the same part of the body; they appear under the same circumstances, are influenced by the same emotions, and are subject to the same causes. They are symptoms and conditions which, from repeated verifications in practice, have attracted notice as being always curative when the same morbid indications are present. They are, as yet, not numerous, but time will, I hope, disclose to us the positive characteristic indications for every drug we possess. As instances of those we have, may be mentioned the mental and temperamental symptoms of *Pulsatilla* and *Nux vomica*, so peculiar to each and so different from each other; the characteristic pulmonary symptom of *Lycopodium*, flapping of the *alæ nasi*, its aggravation from four until nine P. M., and its left-sided throat action, while *Lachesis* affects the right. In the *British Journal of Homœopathy*, Dr. Hirsch relates a severe case of cardialgia cured by *Natr. mur.*, which he was led to prescribe by the sensation of "a hair on the tongue," and which was "so vivid that the patient felt often compelled to wipe the tongue carefully with a cloth, which, however, did not remove the sensation." The selection of the remedy in accordance with the characteristic indications does not constitute the "broadest generalization," as the *Monthly Homœopathic Review* would have us believe, but the *closest individualization*, and were all members of our school heartily engaged in discovering these characteristics, Homœopathy would soon be *practically* an exact science. *Characteristics*

are, moreover, not only symptoms but also circumstances, and circumstances affecting symptoms—that is, the manner and time of their appearance, the particular part of the body in which they appear, and the influences which govern, which aggravate, and which ameliorate them. “They are,” says Prof. Wells, “those symptoms which *individualize* both *the disease* and *the drug*. That which distinguishes the individual case of disease to be treated, from other members of its class, is to find its resemblance among those effects of the drug which distinguish it from other drugs. This is what we mean when we talk of ‘*characteristics*’ as the great reliance of intelligent practice, and assert that with these the law of cure has chiefly to do. It is precisely in this relationship that the law exists. When we say ‘*like cures like*,’ this is the ‘*like*’ we mean. Thus understood, the phrase declares a law established at the creation of man, which will endure as long as his pains require relief.” What then shall we say to the young physician about to prescribe for a case of disease? What shall he do in order to select the proper remedy? “He must shut his ears to the outcries of the patient and the agitation of friends;” he must proceed in his examination of the case as if no similar one had ever before been seen; he must forget the disease and treat the patient as an individual. He must lay no stress upon the generic symptoms of either disease or drug, but must seek to discover those points which “*particularly characterize*” that case as an *individual* case and which distinguish it from all other cases of the same disease. Having these in his possession, let him seek a remedy which embodies in its pathogenesis these points as *its characteristics*; and if he oppose to the *characteristic individualizing* symptoms of the case a remedy possessing the same peculiarities as *its characteristics*, his patient will be cured and in the very best manner possible. This method is the Homœopathic.

## SACCHARUM.

*Saccharum album*; *Saccharum officinalis*; *Sugar*; *Sucre*;  
*Zucker*. C.<sup>12</sup> H.<sup>11</sup> O.<sup>11</sup>

ARRANGED BY DR. LIPPE.

This substance is found in the juices of many plants, especially in the Sugar-cane; in the *Beta vulgaris*; in the *Acer saccharinum*; in the *Asphodelus ramosus*, &c. It crystalizes, is readily soluble in water; and with more difficulty in alcohol the more concentrated it is. The dilute, watery solution of sugar enters into fermentation if any albuminous substances are combined with it. Both sugar and salt are component parts of the human system; both cause a disturbance in the organism only when taken in excessively large quantities; and the former will prove to be an important remedy in the cure of the sick, when administered in accordance with the Homœopathic law, as the latter has already done. And further proof will, in this new remedy, be added to those already in our possession, that the curative powers of drugs, or material substances, are developed by potentiation.

The fragmentary proving and few clinical observations now presented to the profession, have been principally obtained from the late Dr. S. Boëninghausen and Dr. G. H. Bute, who proved the 30th potency on himself, and communicated some striking cures with the new remedy. And we hope the beginning now made will induce our colleagues to institute further provings, and to communicate additional clinical corroborations.

Sugar will be found to be an indispensable remedy in the diseased conditions of the mesenteric glands, especially in the very hard swelling of the abdomen in children after scarlet fever; also in some dropsical affections, diabetes mellitus, &c.

The purely curative effects derived from clinical observa-

tions are marked \*; symptoms from other sources than Boen-  
inghausen and Bute have the name of the observer added.

### MIND AND DISPOSITION.

- . Bilious sanguineous temperament.
- . Indifference.
- . Want of childish cheerfulness.
- . Anxiousness.
- 5. Violent temper; irritable temper; quarrelsomeness.
- . Lowspirited, hypochondriacal mood; peevishness.
- . Disinclination to talk; want of interest.
- . Stupidity.
- . Indifference as from home-sickness. Home-sickness.
- 10. Increased modesty of women.
- \*. Great modesty (chastity).
- . Bad effect from violent anger.

### SENSORIUM.

- . Giddiness, from indigestion.
- \*. Harassing giddiness (with gout) of six years standing.

### HEAD.

- 15. Headache every week the same day.
- \*. The one-sided headache returns every week on the same day.
- . Cold on the head.
- . The hair grows rapidly.
- . Perspiration on the head (neck and shoulders).

### EYES.

- 20. Varicose extension of the vessels of the eye.
- . Violent ophthalmia.
- . Dimness of the cornea.
- . Inflammation of the eyelids.
- . Edematous swelling of the eyelids.
- 25. The eyes are closed on account of the swelling of the eyelids.
- . Dimness of sight.
- . Obscuration of sight.

### EARS.

- . Discharge of pus from the ears.

## NOSE.

- . Sneezing; dry coryza.

## FACE.

- 30. Paleness of the face.
  - . Death-like color of the face.
  - . The face is bloated.
  - . Edematous swelling of the face.
  - . Changed expression of the countenance.
- \*35. Healthy fresh color of the face.

## TEETH.

- . Dulness of the teeth (with sour vomiting) 49.
- . Scurvy.
- . Useful as a tooth-powder—Rush—Hare.

## MOUTH AND THROAT.

- . Inflammation of the lining membrane of the mouth.
- 40. Aphæ of children.
  - . Rhagades, cracks on the tongue.
  - . Ranula.
  - . Inflammation of the salivary glands.
  - . Ulcers in the throat.

## GASTRIC SYMPTOMS.

- 45. Nausea—early in the morning.
  - . Periodical vomiting.
  - . Vomiting of blood.
  - . Vomiting of white, viscid, tough mucus.
  - . Acid vomiting, making the teeth dull.
- 50. Violent retching.
  - . Vomiting of drunkards.

## STOMACH.

- . Impaired digestion.
- . Acidity of the stomach.
- . Weak digestion with acidity of the stomach.
- 55. Painful constriction of the stomach.
  - . Cold of the stomach.
  - . Disordered stomach.
  - . Bloated stomach.
  - . Pressure in the stomach in the morning when fasting.

- 60. Heat in the stomach.
  - . Pain in the stomach with hypochondriacal persons.
  - . Stomach overloaded with sour mucus.
  - . Insufficient nutrition.
  - . Impaired digestion.
- 65. Painful sensitiveness of the pit of the stomach.

#### HYPOCHONDRIA.

- . Induration of the liver.
- . Swelling of the liver.
- . Increased secretion of bile.
- \*. Pain in the spleen (from a blow received a long time ago).
- 70. Swelling of the spleen.

#### ABDOMEN.

- . Abdomen swollen (enlarged).
- . Hardness and swelling of the abdomen; abdomen as hard as a stone.
- . Hard abdomen in children.
- . Painful hardness of the abdomen.
- \*75. Hard swollen abdomen (after scarlet fever).—A. Lippe.
- . Swelling and induration of the mesenteric glands.
- . Atrophica mesenterica.
- . The abdomen shows the presence of water on percussion.
- \*. Hydrops abdominis saccatus.
- \*80. Worm affections of children.
- . Flatulency.

#### STOOL AND ANUS.

- . Constipation. Difficult stools.
- . Constipation alternating with mucous diarrhoea.
- . Diarrhoea, stools watery and debilitating, of mucus and blood, bilious.
- 85. Hemorrhoidal congestion.
- . Painful hemorrhoidal tumors.
- \*. The hemorrhoids begin to bleed again.

#### URINARY ORGANS.

- . Diminished, very scanty secretion of urine.
- . Profuse secretion of urine.
- \*90. Diabetes mellitus.

## GENITAL ORGANS.

- . Increased sexual desire.
- . Frequent involuntary seminal emissions.
- . Swelling of the genitals.
- . Enormous swelling of the scrotum.
- 95. Catamenia diminished.
- . The menstrual blood is pale.
- . Suppressed fluor albus.

## RESPIRATORY ORGANS.

- . Difficult respiration.
- . Oppressed breathing.
- 100. Can only breathe in an erect position.
- . He has to lay bolstered up high on account of dyspnoea.
- . Respiration difficult, oppressed in the morning, relieved by expectoration.
- . Suffocative attacks—\* returning every six months.
- . Dry cough.
- 105. Cough with children.
- . The expectoration with the cough is very offensive.
- \*. The suppressed expectoration is restored.
- . Hoarse, catharral voice.
- . Hoarseness from reading but a short time.
- 110. Dry rawness in the larynx.
- \*. Ulceration of the larynx.
- . Stitches in the left side of the chest.
- . Fulness in the chest—in the morning and relieved by expectoration of mucus.
- . Pneumonia.
- 115. Accumulation of mucus on the chest.
- . Pneumonia.

## THORAX.

- . Emaciation of the chest, the muscles dwindle away.
- . Swelling of the lower part of the sternum.
- . Rheumatic pain in the region of the heart.

## EXTREMITIES.

*Upper.*

- 120. Edematous swelling of the arms.
- \*. Edematous swelling of the right arm with stinging, less painful when uncovering the arm, more painful in the evening and during damp weather. (Bute.)

- \*. Fistulous ulceration of the right forearm with tingling and stitches, discharge of yellowish thin pus. (Bute.)
- . Panaritium.
- Lower.*
- . Emaciation of the hams and thighs.
- 125. Legs swollen and as hard as a stone.
- . Swelling around the ankles.
- . Oedematous swelling of the legs—water oozes out from them.
- . Weakness of the legs \*(uncertain walk of a child nine years old).
- . Cramps in the calves of the legs.
- \*130. Caries on the feet.

## SLEEP.

- . Sleeplessness.
- . Starts in his sleep.

## FEVER.

- . Pulse weak and irregular.
- . Chilliness from 10 A. M. till evening, with melancholic mood.
- 135. Chilliness alternates with perspiration.
- . The chill is followed by profuse perspiration.
- . Evening fever.
- \*. Perspiration day and night.
- . Intermittent fevers every one, two, or three days, irregular in their type.
- 140. Suppressed fevers (with Chininum sulph).
- . Rheumatic fevers.
- . Malignant plague fevers.

## SKIN.

- . Dry skin, all perspiration is suppressed.
- . Chlorosis after anger.
- 145. Chlorosis with dropsy.
- . Pale red blotches over the body.
- . Old herpes.
- . Excessive granulation in the ulcers.
- . Proud flesh in the ulcers.
- \*150. Anasarca after scarlet fever.

## GENERALITIES.

- . Emaciation with great appetite.
  - . Plethoric constitution.
  - . Tingling in the limbs.
  - . Fainting attacks.
155. Attacks of gout—pains wandering.

## CONDITIONS.

- . Bad effects from spirituous liquors.
  - . China cachexia—mercurio-syphilitic cachexia. (Ste. Marie.)
  - . Poisonous effects from Arsenic, Plumbum, Cuprum, Verdigris, Mercury, and poisonous fishes.
  - \*. During hydrops the upper parts discharge first, last of all ceases the swelling of the limbs.
160. After saccharum, ferrum often follows well.

The Editor of the Department of Materia Medica wishes to prepare a thorough proving of the *Cupri Arsenias*. He requests that all physicians, interested in his department, will send him any information, clinical or otherwise, in connection with this drug which they may possess, and that those who are desirous of assisting in the proving will forward him their names. To the latter he will send a portion of the medicine. Due credit will be given to all.

Address

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## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHY, M. D., SECRETARY.

An adjourned meeting of the Society was held at the Homœopathic College on the evening of Thursday, August 22d, the President, Dr. RICHARD GARDINER, in the chair.

There being no regular paper provided, Dr. JACOB JEANES stated that he had prepared a short article on the "Facts of Homœopathy," which, if desired, he would read, with the proviso that the paper should not be claimed for publication unless re-written.

Dr. JEANES was unanimously requested to read his essay, and the Doctor thereupon presented a highly interesting, thoughtful and intelligible paper on the above subject, (which appears in another part of this journal.)

The reading of the paper was followed by an animated discussion, which took a wide range.

Dr. RICHARD KOCH said that as Dr. Jeanes claimed for the Homœopathy that it is a fact, he would ask, for the purpose of opening a way to discussion, and for the purpose of gaining information—not that he meant to imply the shadow of a doubt on his part as to the efficiency of the law of cure—how it sometimes happens that we come across cases of disease in which we find the symptoms all accurately booked and covered by a single remedy, and yet when we give that remedy we do not cure the disease.

Dr. WILLIAMSON, in reply to Dr. Koch's query, said, "I would state that I can at a cursory glance see two reasons why we may give an apparently indicated remedy and no cure follow. First, we may be mistaken in supposing that we see the symptoms of the case pictured forth under the remedy given. Second, the symptoms laid down under the remedy may be not correct, not the true pathogenesis of that remedy. This results from our necessarily limited knowledge of remedies. Years ago I used to think that I could find under certain drugs the true picture of certain cases. A few years of experience proved that these pictures were incorrect. I remember having had to treat a case of cholera morbus; under *Pulsatilla* I found all the symptoms just as I would have described them, yet *Pulsatilla* was not the right remedy. Unless it should happen that the genius of the case corresponds with the genius of *Pulsatilla*, that remedy will do no good. In my first experiences of Homœopathy I remember a patient who had a long catalogue of symptoms. When the first number of the Allentown edition of *Jahr* was published, I took it with me to the bedside of that patient, and in asking her various questions, I found under *Amm. carb.* all her symptoms detailed; about one-half of all the symptoms of that drug. Coming to Philadelphia I met Dr. Bute, the first Homœopathic physician I ever met. Dr. B., after hearing my account and examining the case, said that *Amm. carb.* would not do, but that *Platina* would cure. *Amm. carb.* had the symptoms but not the genius of the malady. It is a great misfortune that our *Materia Medica* is lumbered up with symptoms that are a stumbling-block to young practitioners. In order, however, to escape a disbelief in provings, as we are obliged to trust to the truthfulness of others in this particular, we should believe all provings to be true and test them for ourselves, whether they be so or not. Homœopathy is a great truth. I believe it and am willing to act on it. We must attribute our failures to something outside of the law of cure. You cannot practice Homœopathy after the manner of playing a game of dominoes—by matching symptoms. There is a life, a genius, a something individual in a remedy, a spirit so to speak, and Hahnemann's great ability to cure resulted from his ability to grasp at this spirit of the remedy and match it with the spirit of the disease. I have fallen in with a great number of Homœopathic physicians, and some are able to do this in an eminent degree, while some, on the contrary, were very far from being able."

Dr. KOCH said that he felt indebted to Dr. Williamson for his apposite remarks. As to the first proposition, it cannot be discussed, as it rests entirely on individual ability. Regarding the second, it brings us at once to the method of proving remedies. He thought it essential to know of the prover not only his or her temperament, color of hair, etc., but previous habits and diseases as well. The arrangement of our *Materia Medica* appears to be defective. The symptoms are all mixed up as it were. We have the symptoms of one prover of a syphilitic tendency, conjointly with those of another of herpetic tendency. On this

account perhaps we sometimes miss in selecting a remedy. Another trouble arises from the eagerness to put down symptoms and to find out *characteristics*. We find in conversation with some of our colleagues that they put great stress on certain symptoms as characteristic, which in our own experience are not confirmed as such. The great desire to become known, to rush into print, induces men of unquestioned honesty to publish through our journals their crude ideas as demonstrated facts, and it is from such articles as these that our *Materia Medica* is partially made up.

Dr. H. N. MARTIN. In regard to prescribing for the totality of symptoms we sometimes, after a close examination, think we have gathered from the patient all the symptoms, and we know that under a certain remedy all these symptoms are to be found. We begin to prepare our medicine, and while thus engaged that patient will say, 'Doctor, I have such or such a symptom.' This sometimes changes the whole complexion of our ideas concerning the case, and gives us a new idea as to the remedy. One way therefore in which we may fail to select the right remedy may be by missing one or more of the most prominent and characteristic symptoms of the case.

Dr. J. C. MORGAN. Dr. Williamson's remarks about Jahr's Manual struck a sympathetic chord in my own breast. When I commenced to practice Hahnemannian Homœopathy and to cover the totality of symptoms, my difficulties did not consist in any inability to cover the symptoms of a case by the symptoms of a remedy in the *Materia Medica*. It seemed, on the contrary, that almost any or every remedy contained the symptoms of the case. What I wanted was clinical experiences, and I read scarcely any other items in the journals than these. I carried Possart's Repertory to the bed-side, and often spent much time in consulting it. In one case, after spending an hour in comparing symptoms, I found the whole detail under Sulphur, but not understanding the genius—as Dr. Williamson expresses it—of Sulphur, it was not the remedy needed.

In prescribing, of late, I have been governed very much by what I may call the *diathesis* of the patient. I cannot better illustrate my meaning than by reciting two cases of Hepatitis that I have recently had to treat; the one cured with *Aconite*, the other with *Lycopodium*. In both cases there was soreness in the hepatic region, with tenderness on pressure, and constipation. One of the patients was a chunky, stout old gentleman, calm and self-possessed; a characteristic indicative of *Lycopod*. The other a young lady of the florid *Aconite* condition. This patient must always have *Acon.*, no matter what ails her. If she needs any other medicine after *Acon.* it will be *Nux vomica*. She had retroversion of the uterus, which *Acon.* cured, or at least removed the symptoms. Both these cases of Hepatitis, exhibiting similar symptoms, were cured by different remedies prescribed in accordance with the peculiarities of the patients.

We must not only have the majority of symptoms, but likewise the characteristics to correspond. What are the characteristic symptoms? For instance, the physiognomy, *morale*, of a patient; the periodical, etc., of a disease, each have their class of remedies. I find a case to which *Nux* is suited, and I expect to find a physiognomy characteristic of self-poise. This will be true of all the narcotics and bitters. The *Aconite* class indicates force, fixidity of purpose. The *Pulsatilla* class has a passive physiognomy, a yielding temperament; one of very little initial force. In this class there will be evening exacerbations, whereas the preponderating exacerbations of *Nux* and its class are towards morning. Even *Belladonna*, that has evening exacerbations, has very

positive morning exacerbations. Where we neglect these points we may fail.

Again there are some cases in which the subjective symptoms fail to give us characteristics, and we then find that we have wandered too far away from the pathological nature of the case. In a case of croup in which Lachesis seemed to be indicated by all the symptoms, but did not cure, Spongia did. Here the subjective indications leading to Lachesis led away from the pathological condition indicating Spongia.

*Causation* is another point to be regarded in selecting a remedy. Dr. Guernsey gives as a characteristic of *Septia* the "gone feeling in region of stomach." Dr. Morgan gave this remedy to a lady having that symptom, but it failed. Finding that she had had typhoid fever some years previously, he gave Nitric Acid, and the case was cured.

Dr. WILLIAMSON expressed himself as much pleased with the ideas conveyed by Dr. Jeanes in his paper on the principle of knowing. He could appreciate the difficulties in the way of knowing things aright. We find it easy to form opinions and substitute them for facts. We ought not as Homœopathic physicians to depart from our great central idea, the law of cure, which runs through all our practice.

In reply to Dr. Koch, Dr. Williamson stated that he took for granted the possession by the physician of knowledge and ability, but with these he was liable to make mistakes and fall into errors. We may say of something that we are as certain it is true as we are that two and two make four, and yet we may be mistaken regarding it. We are as liable to be mistaken in regard to what are called characteristics, as the sides of the body, time of aggravation, etc., as in the ordinary symptoms. These characteristics are not to be taken alone, the totality of symptoms must be covered. This *must pervade* our every idea in the practice of Homœopathy. I do not wish to convey any doubts as to the points of our *Materia Medica*. It is a glorious work, but like every thing else of man's producing, has its faulty points.

Some object to such persons acting as provers as have had psora, syphilis, etc. We *must* have provers who are affected by these conditions, otherwise we cannot have a perfect similimum for cases of disease such as we see in our daily experience. The provings of a perfectly pure person, free from disease, would be suitable only for patients perfectly pure and previously free from disease. But we do not often find such patients; the majority being more or less tainted by previous or constitutional disease. When we get hold of a patient who has this or that peculiar dyscrasia or disposition, we must, to get the true remedy, find one proved by a person who was affected by the same dyscratic condition.

Dr. W. stated that he would recommend, as a course to be followed in future provings that would obviate all these difficulties—that in future publications of the pathogenesis of medicines the different classes of symptoms should be kept apart. Let us put down all the symptoms of the prover, real and fanciful. If they be fanciful, they are symptoms of that prover; they are the exhibit of his idiosyncrasies and peculiarities. Let the *prover* put down his symptoms; let the *experimentalist* put down his cured symptoms; let the *theorist* put down his characteristics; let the *prover of tinctures* put down his symptoms, and the *prover of high potencies* his. Don't mix them up, but keep them separated, and in the course of experience it will not take many years to demonstrate which are true and which are false. Whoever has a desire to search only after truth has an abundant field for labor in our *Materia Medica*.

Dr. JEANES. What others call characteristics I call confirmed symp-

toms. When symptoms are removed by the use of a remedy two, three or more times, I regard those symptoms as confirmed. When I have a patient who is hungry but soon satisfied, soon filled up, with constipation, vertigo, belching of tasteless wind, I think of *Lycopodium*. I may be in error, but very rarely so. If all these symptoms come together in a case I give *Lyc.*, with a great deal of confidence.

I remember a case in which when the man raised himself up in bed as if he was thrust or jerked back. A single dose of *Eupatorium perfoliatum* cured the case. I had been previously called to see a gentleman who had an attack early in the morning as of *whirling around in the brain*, or, as he described it, "as if he had been placed in a coal screen and whirled around two or three times, repeated after a short cessation." This person had taken a few spoonfuls of *Eupatorium perfoliatum* as a tea. The symptoms disappeared during the course of the day, either from the medicine given or by wearing out.

Dr. WILLIAMSON. If the true history of our *Materia Medica* were written, we would find the great majority of our most valuable symptoms obtained in this accidental way. It was in this way that Hahnemann grasped his most valuable pathogenetic facts.

Dr. SAMUEL BROWN. One reason why we fail to cure sometimes, after having selected the appropriate remedy, seems not to have been touched on. As an illustration, had had a case of *Cholera Morbus* last winter where there was much vomiting, cramps, intestines knotted up, etc. Was called in the evening and prescribed *Veratrum*<sup>3rd</sup>, and about twelve o'clock was called again, the patient said to be worse. Found her not worse as regards pain, but sinking. At this visit was induced, by the condition of the patient, to give *Arsenicum*, also in a low potency. Was called again before morning, the patient said to be still sinking. The case seemed to be so important that another physician was called in consultation. He said that *Ars.* was the remedy, but suggested that it had been given too low, and prescribed one dose of *6* or *3000th* on tongue, and the woman got well. The Doctor said that he was not prepared to say whether the cure resulted from the high potency or from the dose previously given, but thought it possible that we sometimes give the right remedy and do not give the right dilution.

Dr. H. N. MARTIN. It sometimes happens that two physicians think they are sure of the remedy in a given case, and yet are mistaken. A physician treated a patient by correspondence for a year without effect. The patient then applied to him (Dr. Martin.) He prescribed *Phosphorus*, and subsequently learned that the first physician had also given that remedy. Dr. M. then tried to get a more perfect detail of the symptoms, but the patient said that she had told all. Subsequently, however, she wrote that the discharge from the nose—*it was a case of Osana*—was more offensive during menstruation than at other times, and that she had an eruption about the anus and genitals, and that she took cold very readily. The Doctor knew also that the patient's mother had died in consequence of the suppression of an eruption. Under these circumstances he gave *Graphites*<sup>6000</sup>, and soon learned that the case was much improved. He had since sent another dose of same remedy, and believes her now to be well.

The Society then adjourned at fifteen minutes past ten o'clock.

## NOTICES AND NEW PUBLICATIONS.

**SURGERY IN THE HOM. MED. COLLEGE OF PENNA.**—It is with deep regret we learn that the continued indisposition of our esteemed colleague, Dr. Geo. F. Foote, compels him to seek the restoration of his health by means of complete rest and change of climate; and that for this reason he feels himself obliged to resign his position in the College. His earnest devotion to the duties of his Professorship; the ability with which he filled his chair and illustrated the efficacy and the indications of Homœopathic remedies in surgical cases, and his whole-souled defence of sound Homœopathy will ever be gratefully remembered by the Faculty. We trust he may yet recover his health and again return to the wide usefulness of experienced and active life.

The vacancy thus created has been filled by the Trustees, who, at their meeting on the 20th inst., elected MALCOLM MACFARLAN, M. D., late of the U. S. A., to the Professorship of Surgery in the Hom. Med. College of Penna.

Dr. Macfarlan served in the U. S. A. for three years; and becoming convinced of the superiority of Homœopathy, felt that he could no longer conscientiously practice according to the ordinary system of Medicine; and this conviction compelled him to relinquish his career in the army. Since he became a resident of Philadelphia, this summer, Dr. Macfarlan has attached himself to the College, and taken charge of its Surgical Clinics, and successfully performed a considerable number of operations before the Class. (A brief report of some of these operations may be found in another portion of this "Monthly.") He has also coöperated with the Demonstrator of Anatomy in the Dissecting Room, where the Students have been engaged in the study of Practical Anatomy, since the first of September.

Dr. Macfarlan's appointment to the Chair of Surgery,—which we are pleased to learn he has accepted,—was not of his seeking; but the well-merited recognition of his professional skill and accomplishments, and self-sacrificing devotion to Homœopathy.

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INTRODUCTORY ADDRESS,

To Twentieth Annual Session of the Homœopathic College of Pennsylvania.

BY W. L. ARROWSMITH, M. D.

GENTLEMEN:—I have been desired by my Colleagues to address a few words of welcome to you, on this the first day of the session of the years 1867-68 of the Homœopathic Medical College of Pennsylvania. It affords me much pleasure in so doing, and in expressing the hope which we all share, that your labors in this college will be productive of the advantages which you anticipate. No efforts will be wanting on the part of this faculty to lead, instruct, and help you forward, in the knowledge and practice of the profession, and on the path which you have chosen, and which we all conscientiously believe to be the only true path by which success in the art of healing the sick can be attained. The Homœopathic Medical College of Pennsylvania was founded in the year 1849, but was re-constituted in the year 1864. In this charter was included the privilege of conferring the Degree of Doctor of Medicine, and especially of Homœopathic Medicine, and this I believe to be the only charter of the kind granted to any college. The utility of this Institution is

best seen by the numbers, constantly increasing, of its graduates, and by the progress made in this republic of the Homœopathic doctrine, a progress much greater than in any other country in the world, of equal population. When we consider that the law of cure, and the practice of Homœopathy, appeal to the intelligence of a people, and are in direct opposition to their customs, prejudices, and previous knowledge,—customs and prejudices sanctioned by the authority of schools of medicine of all nations,—we shall be surprised and gratified at the success of the efforts that have been made. It proves the more general intelligence and education of the inhabitants of this country; for I think that the progress of Homœopathy in different nations may be stated to be in proportion to the intelligence, and particularly the spread of education, among the people. Thus, the United States with its 3,687 practitioners takes the first rank, Germany next (and there education is compulsory), after which England and France—Spain being the lowest on the list. Now to retain the esteem of the public, and to promote the spread of our doctrine, it is absolutely essential that the education and scientific attainments of our practitioners should keep pace with the march of improvement in other arts and sciences. The list of graduates of this college, published in the annual announcement, will be found to contain names of celebrity in various collateral sciences, and in the intelligent practice of Homœopathy. I trust that you will endeavor to emulate their example.

In order to arrive at the more advanced stages of the knowledge of surgery and medicine, it is essential to commence with the study of anatomy. The object of anatomy, taking it in its most extended meaning, is to ascertain and define the structure of organized bodies. The science is therefore separated into three divisions. The investigation of the structure of plants is termed vegetable anatomy; that of animals is called comparative anatomy, while that of man is termed human anatomy. It is with the latter that we are principally concerned.

On examining the structure of an organized body, you will observe, that it is made up of members or organs, through means of which its functions are performed. Such are the root, stem and leaves of a plant, and the heart, stomach and limbs of an animal. You will further find that these organs consist of certain tissues, as the cellular and vascular tissues of the vegetable, or the osseous, muscular, vascular and others which form the animal organs. Now, most of these tissues are found in more than one organ; some indeed in nearly all; so that a great number of organs are constructed out of a small number of constituent tissues, just as, in language, many different words are made by the varied combinations of a few letters. So that, many parts of the body, differing very much in their functions, may be found to consist of the same constituent materials; and as these textures or tissues possess the same essential characters, in whatever part of the organism they may be found, it is clear that the formation and properties of each tissue may be made the object of study, apart from the organs into whose structure it enters.

These considerations naturally point out a two-fold line of study and research, and have led in all schools of medicine to the sub-division of human anatomy into two branches. The first is called histology or general anatomy, and treats of the nature and general properties of the component textures of the body; and the second, which is called descriptive anatomy, treats of the several organs, members, and regions, and also describes the outward form and the internal structure of the parts, their relative situations, and mutual connection, and the successive conditions which they present in the progress of their formation and development.

Of all the natural sciences experience suggests that anatomy is the most difficult to learn, and the most easy to forget. Man never forgets the arrangement of an apartment which he has inhabited, or the scenes of his childhood; not only does he remember the general aspect but also the particular trees, the forms of their branches, and their varieties of genus. These things are so fixed in the memory, that, even

in old age, a man is able to describe the scenes and places where his infancy and youth were passed. How is it, then, that with such powers, the recollection of anatomical description should be so difficult? Because, to engrave upon the memory, it is necessary that the object to be remembered be seen long and often—whereas the objects of anatomical research are seen but for a short time. The most celebrated anatomists agree, that to acquire a perfect knowledge of the human body, the muscles should be seen in their respective situations, the viscera in the grand cavities of the body, and that the vessels and nerves should be demonstrated with all their connections and traced to their origin and terminations.

The difficulty of arriving at this knowledge from actual dissection alone, has led to the idea of imitating the human frame and organs piece by piece. This has been done by Doctor Cazeaux, of Paris, who exhibited in the Exposition Universelle of 1867 several models of artificial anatomy. These models have received the fullest approbation of the faculty of Paris, and are exact in the most minute details. I had, this spring, an opportunity personally of comparing one of these with a cadaver under dissection. One of these complete models has been acquired by this college, also a complete model of the Bassin de Femme. These will be constantly under your observation, subject to the necessary regulations.

The advantages of the models in learning anatomy are, that all the organs and members can be isolated, and considered in all their phases, and with all their connections. The distribution of the nerves and blood-vessels, the disposition of the membranes which serve to envelop them, can be studied, while the principal vascular trunks can be opened in various points of their extension, and the interior viewed. By these means anatomy may be studied in all places, all seasons, and in all countries. These preparations are not easily destroyed. One can see again what has been seen before, and can fix the attention for a long time and as often as may be necessary upon the various details, and so engrave them upon the memory.

I cannot too strongly recommend to you the closest attention and industry in this branch of study. If sufficiently conversant with the anatomy of the human body, diagnosis will be an affair of judgment, and not of memory; you will not be exposed to the error of mistaking one malady for another, as, for instance, in the fracture of a bone, it will be enough to recall to your mind, the attachment of the muscles, the direction in which the superior and inferior fragments are drawn, and the deviations which are found in a member. If the anatomical details of the organ are remembered, you will not confound a luxation with a fracture, a crural with an inguinal hernia, nor an aneurism with an abscess; while for the diagnosis of internal maladies, your attention will be called to the painful region, and remembering the functions with which each part is charged, you will be able to estimate the differences of form, volume, and position, and not hesitate in deciding upon the organ which is principally affected. We no longer live in the times of ignorance, when it was pretended that anatomy was useless in the exercise of medicine, and that it should be given over exclusively to the study of the surgeon. While we know the help which it affords and the light which it throws upon the malady, the public are little less on the alert, and public estimation and reputation follow the student who possesses the most extended knowledge of this science.

Your attention will also be directed to the study of physiology. It has become my duty to explain to you the phenomena presented by this science. General physiology is the science which treats of the properties, actions, and forces of organic bodies, animal and vegetable.

Inorganic substances are the subjects of other sciences, physics and chemistry. In entering upon the study of physiology, the first point to claim your attention will be the distinction between these two great classes of bodies—the organic and inorganic—and the following questions will suggest themselves for study: Do organic or inorganic substances differ in their material composition; and, since the

phenomena presented by these two classes are obviously so different, are the forces or principles on which they depend also different? Now, nothing analogous to sensation, nutrition, or generation, is found in inorganic bodies, and yet the matter which composes organic bodies consists of precisely the same elements; but the mode in which the ultimate elements are combined in organic bodies, as well as the energies by which the combination is effected are peculiar, for although organic bodies may by analysis be reduced to their ultimate elements, they cannot be regenerated by any chemical process. These energies are due to the exercise of a force usually denominated the Vital Force.

Physiology has regard to the laws of life of the human body in the state of health; and the study of the phenomena of life, as manifested in the human body and in those of all animals, will be arranged in two principal classes—the first comprehending those which are observed in various degrees of perfection and variously modified in both vegetables and animals; and the second class those which are peculiar to the members of the animal kingdom.

Your attention will be called to both these classes. The study of the first will include the processes of digestion, absorption, secretion, excretion, circulation, and respiration, which, together with the functions of some parts not yet well understood, fulfil their purpose in the formation, movement, and purification of the blood; second, the processes of growth and nutrition or nutritive assimilation, by which the several parts and tissues of the body, obtaining their materials from the blood, repair the loss and waste to which they are subject in the discharge of their functions, or through natural impairment and decay; and third, the generative processes for the formation, impregnation, and development of the ovum. Now, these are named processes, functions or phenomena of organic or vegetable life. Those of the first two divisions maintain the existence of the individual being; the third maintains that of the species.

The second class of phenomena to which your attention

will be directed, will include the functions of sensation and voluntary motion. These are the functions by which the mind of an animal acquires knowledge of things external to itself, and is enabled to act upon them. These are called the phenomena of animal life.

But the division of the phenomena of life into these or any similar classes is purely artificial, and must not be understood to indicate difference or dissociation. The organic and animal life are knitted closely together, and are mutually dependent. Neither of them can be long maintained without the other, and as all the processes of organic life are essential to the maintenance of the organs of animal life, so, in an equal degree, the sensation and voluntary motion of animal life are essential to the taking of food, the discharge of excretions and other processes of organic life, by which the animal and also the species are maintained. We must not, then, in description, abuse the value of words, nor ever forget that the phenomena of life are tied together by necessary connections, and which cannot be grouped or classed but in an approximate manner. We must, then, study them together and in their reciprocal conditions. The functions of life are only isolated in books. In concluding my introductory remarks on this subject, I will briefly notice the modification of what is commonly called the Cell doctrine, which has recently taken place in Europe, from the concurrence of results obtained by different observers, laboring independently of each other. It now appears to be established with certainty, that the cell, with its membranous wall, muscles and contents, is no longer to be considered as the primitive type of organization; but that the nearest approach to this type is to be found in the protoplasmic substance or sarcode, or germinal matter (for by these three names it is variously described) which has been discovered to form the entire body of the lowest animals. And again, that the portion of the fabric of even the highest animals which is most actively concerned in nutrition is a protoplasmic substance, diffused through every part, its segments being sometimes in con-

tinuous connection with each other, sometimes isolated by the formation of cell-walls around them.

The study of the sister science of psychology will throw light upon many of the phenomena of animal life. These sciences touch each other in more than one point, and the limits which separate them are not accurately fixed. It is in the rational soul itself that we shall find the *primum movens* of organization; that it is the ultimate and sole cause of organic activity; that the soul constructs conformably to design, and preserves its body in accordance with the laws of its operation; and that by its organic activity the cure of diseases by the Homœopathic theory is effected. Hahnemann, with noteworthy prescience, was "*en rapport*" with the latest facts in the sciences we are considering, when he stated, in his introductory remarks upon the use of Aconite, that the moral symptoms of this medicine must be in accordance with those of the patient.

In the practice of the art of healing by the Homœopathic method in this vast republic, there are many districts in which the knowledge of surgery will prove of the highest importance to the general practitioner. Surgery is that branch of the art of healing which comprises, first, the cure of injuries either mechanical or otherwise. Second, malformations and deformities, when these cannot be cured by other curative means. Upon this point, your attention will be called, by the learned Professor who fills the chair of surgery, to the modifications which may be induced in these cases by the well-directed action of the muscular system. Doctor Marshall Hall's doctrine of the reflex action of the cerebro-spinal system may thus be brought into practical use. And thirdly, surgery may be required in diseases affecting the organs of sense, of locomotion, and of reproduction, although there is no doubt—and my recent visit to the Hospitals of London and Paris left this impression on my mind—that much of the surgical treatment of modern Allopathic practice is due to the ignorance of the curative powers of Homœopathic medicine. And lastly, surgery is necessary in those diseases which are

incurable without manual, mechanical, or operative means of relief. It will be the object of your studies in this direction, not alone to master the diagnosis of such diseases, or the dexterous application of the knife or other operative means, but to form your minds to a complete acquaintance with the conditions and the medical knowledge of the Homœopathic remedies which may help the restoration of the patient to a state of health. Operative dexterity must not be confounded with professional skill; and, necessary as it may possibly be on the field of battle to remove a limb in so many minutes, it is of much more importance to you to become successful surgeons. Care and foresight are qualities equally as necessary to the life and well-doing of the patient as operative dexterity; for your success, in fact, will depend on the cures made, and not on the number of the minutes occupied in the operation. I had very lately the opportunity of witnessing the operation of lithotomy by Doctor Civiali, at the Hospital Necker at Paris. It was completed in a very short time. Afterwards, on seeing the operation of lithotrity performed by Mr. Paget, at Bartholomew's Hospital, London, I mentioned the operation I had witnessed in Paris, expressing my gratification at the dexterity of the operator. Mr. Paget replied: "That may be; but they lose more patients after the operation than we do." Results, therefore, are the test of success in surgery.

Pathology will also engage your attention. Great progress has recently been made in this department of medical science. Chemistry has done much for this advancement, but has hitherto failed to distinguish, by the most minute analysis, the blood of a cancerous patient from healthy blood. While admitting the claims of the sister science, we shall find that it teaches us nothing respecting the life of the blood; but when looking at the blood from the pathological point of view, we must remember that much must depend upon those agencies which affect its preparation in a direct or indirect manner. These agencies may undergo various modifications, without any serious transgression of the limits of health. It

is therefore difficult, in a pathological view, to determine whether we have to do with blood simply modified within the limits of health by special circumstances, or blood in a pathological sense. The simple physical changes of the blood in themselves are not sufficient to enable us to decide upon the morbid condition, because a multitude of circumstances may induce them. The pathological conditions of the blood which will call for study, and which are usually denominated crases, are: 1st. The increase of fibrin. This has been erroneously stated to be a primary lesion of the blood, but later inquiries have shown that it is rather the effect of inflammation than the cause of it. 2d, Increase of albumen in the blood. 3d, Increase of the aqueous contents of the blood. 4th, An increase of the white corpuscles of the blood. 5th, An increase of the amount of fat in the blood. 6th, A diminution in the quantity of red corpuscles of the blood; this is the state observed in chlorosis. 7th, Increase of the coloring matter of the bile in the blood. 8th, Increase of sugar in the blood; a state which occurs in diabetes mellitus. It is too much the practice of the old school of medicine to consider these pathological conditions, as primary causes of disease; hence the catalogue of blood purifiers, &c. But it is not demonstrated that these conditions of the blood are idiopathic: the proofs are quite the other way, and these crases of the blood may be looked upon as the effects of disease. This is in strict harmony with the Homœopathic principle of cure.

The next pathological condition to which your attention will be directed, by the learned Professor who so ably fills this chair, is the changes which occur in the normal cells. The cells may be looked upon as organs consisting essentially of a cell membrane and its contents; these constitute the true parenchyma. The modifications which may take place in these, arising from a deficiency of supply of the nutritive material, or from other causes, will be brought before you. If we desire, however, to resolve the life of the organism into its elements, it will be necessary to acquire an inti-

mate acquaintance with the vital properties of the cells. We must endeavor to ascertain how the first appearance of the cells in the homogeneous blastema is evidenced, how their multiplication by division proceeds, what changes or metamorphoses they undergo, what are the conditions presented in the cells in their future existence, whether they remain stationary in their external habits or not, what are the stages of development, and whether mobile phenomena occur in them. In short, we must strive to comprehend the cells as something living, in their nutrition, propagation, and movement. This vital survey must be carried on from the pathological point of view; it is not enough to confine our inquiries to that which is presented in the dead subject.

Just as the organism as an individual whole requires pabulum for its maintenance, nutrition, propagation, and motion; just as, when it reaches a certain point of development it remains stationary, and, as a body, takes on no further development of its vital properties, but begins gradually to retrograde until the sum of its vital phenomena is reduced to a smaller quantity, gradually diminishes and ultimately disappears, which event we term the death of the body or organism; so is it on a small scale with the cell.

But there is a possibility of a defective nutrition of the cell; also of the opposite condition; or, in other words, of atrophy in the cell in the one case, and hypertrophy in the other—pathological conditions which are of the greatest importance. It is to the cells, also, you must look as constituting the basis of the tissue of all pathological new formations. Hence the value of this study in the diagnosis of tumors and cancers, in tuberculosis, in suppuration, and the phenomena of inflammation, in the process of the repair of injuries, wounds, and fractures, and in many others.

While in Paris, in the month of April of this year, I had an opportunity of seeing the pathological preparations of Dr. Brunetti, of Padua. These preparations are conserved by a process invented by the doctor, and are indispensable to the study of some maladies of rare occurrence. In these speci-

mens of the various tissues of the body, the anatomical and pathological characters are preserved with a surprising accuracy—with the exception of color and weight, for the color is gray and the lightness extreme from the absence of all fluids. The solid parts remain intact as they existed; all the vessels, large and small, and the capillaries, are conserved in the state of dilatation which was natural to them, but all empty and accessible to the observation of the student. Specimens of these preparations have been acquired by this college, and will be made the objects of demonstration, first of the normal state of the kidneys, lungs, &c., and then the changes which take place in these and other tissues, from alterations in their pathological conditions. By no other means can you so well study changes of structure as in those afforded by Dr. Brunetti's preparations, and I believe that the specimens obtained by this college are the only ones at present on this continent.

Having thus briefly noticed the foregoing subjects in your collegiate course, I will now advert to the study of diagnosis. This is the science of signs or symptoms, by which one disease is distinguished from another. The Homœopathic diagnosis of disease may be classed under three heads: 1st. The history; 2d, The symptoms; and 3d, The morbid anatomy or changes in structure. Now, a careful study of the history of a disease will greatly help the subsequent consideration of the symptoms—the constitutional causes,—hereditary predisposition, the occurrence of previous attacks of a like nature. Then the external causes which may induce or modify the disease, the duration, and, if previous attacks had been experienced, then the past course of these. Such considerations will greatly assist in determining the particular condition of the organ principally affected, and of the system in the individual case before us. But, secondly, it is in the symptoms that we shall find the chief sources of our diagnosis. The form and violence of these—the particular order in which they appear—the particular manner in which they are connected and associated; these I repeat, will be found to be leading character-

istics of our diagnosis. In this study, confided as it has been to such able hands, you will be taught to refrain from the errors of the Allopathic school, who may be said, in most cases, to regulate their practice on insufficient evidence, and thus may be fairly reproached with vacillation and uncertainty; and your attention will be directed to every circumstance and every symptom which can possibly become the subject of observation, and which, if at all characteristic, must be considered by you of importance.

How often may one find on carefully examining the countenance, and even the attitude of patients, sources of information too often neglected. Hippocrates, Celsus, and other ancient writers on the art of healing, have in their great attention to the study of the symptoms, paid particular regard to the appearances of the countenance. And this is so; for in the human face may be read, as in a book, the kind of disease, the stage, the changes, the mitigation, and the progress of the patient whether towards recovery or death. I mention this subject, because in the Allopathic schools the study of the countenance is almost overlooked. But when we recall to mind, the varied and distinctive appearances in the different kinds and stages of fever, in affections of the head, thorax and heart, in inflammation of the abdomen, and in colic and affections characterized by spasmodic pain, in icterus, in chlorosis, in scirrhus, and in that range of affections which originate in imperfect digestion,—it is impossible we should not be impressed with the importance of the changes in the countenance. It is this faculty which some experienced men have acquired which has given rise to the saying so frequently heard among the sick poor—that he could tell what was the matter by merely looking at the patient.

Hippocrates and Celsus also particularly noticed the attitude of patients. Now, the attitude in certain diseases is so remarkable as to challenge observation; yet in ordinary diagnosis this point has been too little noticed, and its indications too little explored. Reverting to the symptoms, we must not be deterred by the cry which may frequently be heard, that

Homœopathic physicians are mere symptom-mongers. We must not be deterred by irony from doing what is necessary for the recognition of the disease, and of the remedy which is appropriate for its treatment. It will be necessary, therefore, to make each particular symptom the subject of distinct inquiry, to recognize it in general, and to be able to distinguish each modification and peculiarity of it in particular. Now, dyspnoea is observed as a symptom of inflammation, also of hydrothorax, and of asthma; but how widely different is the dyspnoea of inflammation from that of asthma, and how different the difficulty of breathing in asthma from that of hydrothorax. You will perceive how desirable it is to know these distinctions, and to make the knowledge applicable to the cure of disease. The pulse will also afford you information of morbid affections of the circulation, and it is also an important diagnostic mark of disorders of function from organic diseases, and of different organic diseases from each other. The older writers have written much upon this subject, but until the recent invention of the sphygmograph by Bruger, of Paris, no accurate scientific results could be obtained. I saw this instrument in constant use this spring, at the hospital of Saint Antoine, Paris, and the exact information obtained by its means was very surprising. This instrument not only serves to distinguish the disease, but also takes a written record or diagram of the pulse, and these records may be compared from day to day. One of these instruments has been acquired by this college. Some symptoms may be considered as real diseases, others again are signs. You will also be taught to consider the combination of symptoms, and the influence of one in modifying or aggravating the others. Hence our doctrine of amelioration and aggravation. These have to be accurately observed as characteristic of certain affections and stages of disease. In your examination of the sick you will be frequently surprised by incompatible symptoms. Hence a spontaneous sigh may decide whether the pain in the side of the patient is inflammatory or not, and in the same manner writhing of the body is unusual if not incompatible with in-

flammation. Accurately, therefore, to find out, note and discriminate the symptoms in each case individually, is the duty of the Homœopathic physician, and the practice of our school offers to you one great advantage. It is, that our knowledge is exactly communicable to others. It was long ago remarked and regretted by an Allopathic author, that the practical knowledge of Allopathic medicine was peculiar in this respect, that it cannot be taught, and that the precious fruits of experience necessarily die with their possessors. How true this remark is, will be acknowledged universally. With us, on the contrary, the experience and knowledge of Hahnemann is handed down to us with the greatest exactness, and if we adhere to his teachings we shall be as successful in our cures. And, thirdly, by the morbid anatomy of the parts, I mean those changes of structure which take place in diseased organs. It is by the investigations of morbid anatomy that we are principally enabled to establish correct species of disease, but it is equally true that all the advantages which we derive from our knowledge of changes of structure must flow through that of the history and symptoms as the channel to our individual patients. The most perfect knowledge of morbid anatomy will not teach you to cure your patients, unless you are enabled by the symptoms to ascertain its existence in the living body.

The study of obstetrics and of the diseases of females and children, directed as it will be by the skilful and eminent Professor who fills this chair, cannot fail to prove useful to you. You will soon learn the advantages which the Homœopathic practice offers above all others, in producing safe and natural labors. Were these advantages fully known by the community, it would be difficult to imagine how any woman about to become a mother could resort to old school practices and dangers. In no country with which I am acquainted, is woman held in so much honor as in this. The high regard and estimation for the female partner of life, has led as a consequence to a consistent regard for the obstetric art, but not to a higher one than I believe is justly its due. The

health of woman in all that relates particularly to her sex, has claimed the study of the highest intellects which have been known in the annals of medicine, and it is to the act of parturition that this study has been principally directed. At no period of the life of the female, excepting in this, can it be said, that the lives of two human beings are so closely connected. The worthy and skilful exercise of this branch of the science of medicine is of the greatest importance to the young practitioner. I therefore recommend your unremitting attention to the efforts of the Professor for your benefit.

In the old school of medicine there are two varieties of practice—one which in difficult cases gives a preference to the life of the mother, and the other which holds that the life of the child is of the most importance. The former opinion is held in England, the latter appears to obtain on the Continent. Now without ascribing these differences to religion, as has recently been done, I think there is no doubt of the fact practically, that in some of the countries of Europe the life of the child is held of the most importance. We may observe this in the preference shown for the Cesarean operation, the too frequent use of the long forceps, and formerly to the Segaultean operation, and to the dislike to the performance of craniotomy under any circumstances. In England, on the contrary, the preference is given to the mother, in the timely performance of craniotomy, as though the child were already dead, in those cases where the life of the mother is in imminent danger, and in the general acceptance of the principle that where the pelvis is greatly deformed premature labor may be induced. Of course, in all those cases where it is possible to save both lives, these considerations can have no weight; but where the interest of the mother and offspring clash, and to save both is sometimes impossible, I trust that the teachings of my honored colleague will not be lost, and that your preference will always be given to the mother. Allopathic practice on this Continent, if I am correctly informed, leans to the continental bias; but it is not so with

Homœopathic practice, which, more beneficent, seeks by the appropriate remedy to obviate the necessity for operations, but when these are inevitable, never raises the life of a foetus to an equality with the life of the mother.

The act of parturition has, until recently, been considered as a mechanical act; but this will not explain the whole of the phenomena. More recent investigations, however, have elucidated the importance of the reflex physiology of parturition. By reflex action is meant, the connection of the uterus with the spinal marrow, and its special incident-excitor and reflex motor nerves. It is through this connection and by nervi-motor action that the therapeutics of Homœopathy are enabled to act in so marvellous a manner upon the mechanical operations of the uterus, and give to us the advantage, so long desired by the older writers on this subject, of suppressing the action of the uterus when premature, exciting it to energy when too feeble, moderating it when too violent, and regulating it in a variety of ways conducive to the welfare of our patients. When you compare the results of Homœopathic practice in this, the corner-stone of the healing art, with Allopathic uncertainty and vacillation, the striking superiority of the one to the other will be manifest. Without law or order, they are content to act empirically in the difficulties which so frequently arise. They give enemas both before and after parturition, without foreseeing the excitement which they must occasion. Another important agent is temperature. This they apply without any reference to principle, or the physiological action of the organ. They give large doses of the ergot without any knowledge of its action, but with constant injury to patient and child. Again, the Allopathic use of opium is an enigma, and they have, after two thousand years, not yet determined whether it acts as an excitant or as a sedative of uterine action. If they wish to turn, they will give opium to promote relaxation; the same practitioner will prescribe opium in hemorrhage with inertia, this time to promote contraction. Again, they will bleed to produce inertia, and yet one of the most fatal results of inertia after

parturition is loss of blood. One author will inform you that bleeding is the principal remedy for puerperal convulsions, and another that loss of blood is the principal cause of these convulsions.

As you advance further in the study of the Homœopathic therapeutics of parturition you will become astonished and convinced of the efficient action of the medicines in modifying the derangements of motor actions, which may occur during labor. Under our treatment preternatural presentations, which are caused by disturbance or derangements of motor actions, are almost entirely superseded or prevented. Hence, operative instrumental assistance is comparatively of less importance; and on this point I am of the opinion of William Hunter and Denman, who both expressed their doubts, balancing the good and evil, and looking to the prevalence of merely mechanical ideas, whether, up to their times, it would not have been happier for the world if instruments had never been introduced into the practice of obstetrics. And lastly, gentlemen, there remains to be noticed the study of therapeutics. Therapeutics is that branch of medicine which relates to the discovery and application of remedies for the cure of disease. There are three principles which distinguish the art of healing by Homœopathic remedies. They are 1st. The law of the similars, that is, that like should be given to like, or *similia similibus curantur*; second, the single remedy; and third, the minimum dose.

Accumulating experiences, acquired in the arts and sciences, have been gradually producing in the human mind an ever-increasing conviction of the universal presence of law. From generation to generation, science has been occupied in proving uniformities of relation among phenomena which were once believed either accidental or supernatural in their origin, and has been showing and demonstrating a constant order and causation where ignorance had assumed irregularity, arbitrariness, or chance.

Each further discovery of law has increased the presumption that law is everywhere conformed to; and hence, among

others, has arisen the belief in the Homœopathic law of the similars—a law which is now considered universal in its application to the cure of disease. Besides its abstract parentage in the grand general conception which science has generated of the universality of law, this principle has a concrete parentage of the highest kind. Based, as it is, on law, it may claim for its remote progenitor the Great Master Creator who established all law; but the man who gave it its present shape, by promulgating the doctrine that like cures like, was the most diligent, careful and original observer of modern times in this department of knowledge. And the world has not seen a more learned doctor than the man Hahnemann, who, setting out with this conception, was able by his subsequent labors and provings to demonstrate the truth of the law. Thus, even were there but little direct evidence assignable, yet coming from such a source, the probability of its truth would be strong, and its derivation, with the low and degraded state of the antagonistic doctrine of cure, would, together, form a weighty reason for accepting and trying it; but the direct evidence we possess of the truth of this law and of its universal application to the cure of disease, will leave, at the present day, no doubt in the mind of any candid enquirer.

Leaving the consideration of the medical evidence to the learned and celebrated Professor who so ably fills this chair, I will endeavor to show, if possible, that the law of the similars is in harmony with the laws of development, evolution, and progress exhibited in organic bodies. I think it was Goethe who expressed, in the early part of the present century, the formula that evolution and progress is always from the homogeneous to the heterogeneous from the simple to the complex. We shall see this around us. If we look at the lowest form of animal life, the rhizopoda, we shall find it, as described by Professor Beale, to be a little particle of homogeneous jelly, changing itself into a greater variety of forms than the fabled Proteus, laying hold of its food without members, swallowing it without a mouth, digesting it

without a stomach, appropriating its nutritive material without absorbent vessels or a circulating system, moving from place to place without muscles, feeling, if it has power to do so, without nerves, propagating itself without any generative apparatus, and in some instances clothing or defending itself with shelly coverings of a symmetry and complexity greater than are found in other testaceous animals. Next in the scale, in the alcyonidæ, we have superadded canals running through the gelatinous mass with a number of digestive sacs with mouths and tentacles. Here we find a partial segregation into individualities. From this stage onwards we have the coralidæ in which the polyp-bearing mass surrounds a calcareous axis; then the tubiporidæ in which the polyps, no longer united, inhabit separate cells, seated in a calcareous framework. After complete separateness of organisms has been arrived at, the law of development is still to be seen endlessly engaged in further improvements of structure. By greater individuality of parts or organs, are all animals of high endowments distinguished from lower ones. We may notice this in the successive phases of development in the nervous system. In the acrita the nervous matter is supposed to be diffused in a molecular form or condition through the body. In the nemostoneura the first step is seen of the individuation of the nervous system, for the nervous matter is to be distinctly seen in filaments. In the homogangliata the nervous matter is still further concentrated into a number of small masses—ganglia.

In the heterogangliata some of these masses are collected into larger ones. And finally in the vertebrata the greater part of the nervous centres unite to form a brain; and with the rest of the body, there has simultaneously been going on the same process of individuation into separate systems of organ and function—physiological division of labor in fact. The law of development in animal life, and also in the vegetable kingdom, is, from the simple to the complex, seen in the growth of the germinal matter or protoplasmic substance into the complex being man. In other words from

the homogeneous to the heterogeneous, or, again, in the words of Coleridge: "By life," he says "I mean everywhere the true idea of life, or that most general form under which life manifests itself to us, which includes all other forms." This I have stated to be the tendency to individuation, and the degrees or intensities of life to consist in the progressive realizations of this tendency.

Organically, then, man springs from a germ; from the germinal matter is formed the cell; these, by the mode of fissiparous generation form themselves into masses; these give origin to a peripheral layer of cells, slightly differing from the rest which they include or surround. This layer of cells subsequently divides into two; the inner layer, lying in contact with the included yolk, being called the mucous layer; and the outer, exposed to surrounding agencies, being called the serous layer; or in the words of Professor Huxley when describing the hydrozoa, "the endoderm and the ectoderm." Out of the one arise the organs by which food is prepared and absorbed, oxygen imbibed, and the blood purified, while from the other arise the muscular, osseous and nervous systems by whose combined actions the movements of the body are effected. Hence we are justified in considering the human body as a republic of monads, each with independent powers of life, growth and reproduction; each of which unites with others to perform some function necessary to itself, and to all the rest; and each of which absorbs its nutriment from the blood.

Another law of development is that every active force produces more than one change. Every active cause produces more than one effect. A few illustrations will point the meaning of this law. Take the case of fire. The proximate cause and immediate effect are well known, but besides these, there are the facts of numerous atmospheric currents moving thousands of cubic feet of air. Then the heat diffused causes contraction and expansions of all bodies within its range. Then there is a continued formation of carbonic acid and water, in itself a result more complex than the extraneous

heat which caused it. The carbonic acid given off will perhaps combine with some chemical base, or give up its carbon to the leaf of a plant. Again, every person warmed by the heat of it will be affected in their respiration and waste of tissue, and these results, again, must have various secondary results. In short, should we trace to their extreme ramifications, all the forces disengaged or set in motion, mechanical thermal, chemical and electric, and accurately determine the evaporation caused, the gases generated, the light evolved and the heat radiated, we shall have a great labor before us. All these forces are set in motion by an incandescent particle of matter applied to the fire.

Let us briefly trace the action of this law upon an adult organism. An alarming sound or sight, besides the impression on the organs of sense and the nerves, may produce a shout or scream, a distortion of the facial muscles, a trembling, a burst of perspiration, an excited action of the heart, a rush of blood to the brain, followed possibly by arrest of the heart's action and by syncope—in fact, a long train of various and complicated symptoms may arise. Similarly, in cases of disease, an infinitesimally minute portion of the virus of the small pox introduced into the system, will produce in the first stage rigors, heat of skin, accelerated pulse, furred tongue, thirst, vomiting, headache, pains in the dorsal vertebræ, muscular debility, convulsions, delirium; in the second stage, the eruption, itching, tingling, sore throat, swollen fauces, salivation, cough, dyspnoea; and lastly, cedema, pneumonia, pleurisy, diarrhea, meningitis, ophthalmia, erysipelas, &c.

After these considerations I think that the analogy of the law of the similars to the usual operations of nature will be forced upon our minds. If every highly complicated organism is reducible to the element of a protoplasmic germinal particle, and if every active force is the cause of many effects and not of one only, we shall be at no loss to account for the efficiency of the single dose of the right remedy, in the cure of a long train of morbid symptoms. It

extends its operation from the simple to the complex. Beginning as an homogeneous substance, it becomes heterogeneous in its effects, and acting by an analogous law to that of development, it pervades the whole human economy. Again, the application of this law leads to the individuation of disease. Homœopathy does not treat diseases by names or nosological classification, but by the phenomena exhibited in each individual case, and in this is far superior to any other method of cure. This tendency to individuation is the law of organic life, and the extension of the doctrine to the treatment of disease is but a corollary from the premises.

As to the *modus operandi* of the Homœopathic dose, I submit that a correct definition may possibly be arrived at, by attributing it primarily to the reflex action of the spinal marrow with its sentient and motor nerves. It is in a similar way that the irritation of the mammary organs may produce abortion, and the fact of this irritation producing hemorrhage from the uterus was known twenty-five hundred years ago to Hippocrates. This action of the *mammæ* upon the uterus has been excited by drawing the breasts artificially, as well as by the suckling of the infant. I am of opinion, then, that the primary action of the Homœopathic dose is due to the irritation of the inorganic or other substance upon the excitor nerves, and reflected through the spinal marrow upon the diseased organ or viscera. The changes made in the organism by the secondary action of the medicine may, I think, be ascribed to the influence of minute alterations in the blood, determining local alterations of nutrition.

Now, gentlemen, do not think that the study of Homœopathy is an easy matter. To be a good and successful physician, you require to know all that the Allopathic practitioner acquires, and a great deal more besides. Anatomy, physiology, pathology, chemistry, botany and hygiene, are common to both schools; but we have this addition to our studies, that we have a law of universal applicability for the use of drugs and medicines, we have a better and more exact knowledge of all and each of these, and we know the relation

between the group of symptoms of any disease, and the corresponding group of symptoms of the medicine homœopathic to the disease. But to learn this knowledge, and apply it at the bedside of the patient, is by no means an easy matter; but with untiring industry and perseverance I have no doubt you will succeed. But, above all things, I wish to inculcate fidelity to conscience. This is an essential precept of our practice. No hesitation, no paltering about the probable results to ourselves, but an implicit obedience to that law which we know to be true, and if true, then of God. "*Veritas a quo cunque dicitur, à Deo est.*" We are not to follow the example of those who disregard the precision of the law and seek to direct themselves. We are not to be guilty of the practical atheism of those who, seeing no guidance or law in the practice of medicine but their own limited understandings, endeavor themselves to play the God and decide what will be good and what bad in the treatment of disease. But, on the contrary, we must search out with a genuine humility the best modes of applying the law ordained for us, and do so unfalteringly, without speculating as to consequences; and then, where there is perfect sincerity and competent knowledge—when, in the words of your own Emerson, "Each man is true to his own soul, and strives to realize the highest rectitude, then will all things prosper with you."

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#### FRANKLIN'S SURGERY, PART SECOND.

The second part of this work is received; a full notice will appear in our next issue.

## THE DEVELOPMENT OF HOMŒOPATHY.

Read before the Philadelphia County Homœopathic Medical Society.

BY ROBT. J. McCLATCHEY, M. D.

It is a common saying of the day, but no more trite than true, that this is an age of progress. The stream of life flows rapidly, its currents swollen by the storm of action, and ceaselessly falling on our ears, is the clank of the roaring loom of time rapidly weaving the web and woof of the world's ultimate development.

It is truly an age of progress, and whatever of it now stands still will be hopelessly left behind. The discovery and enunciation of new scientific truths in almost every department, giving a nearer, clearer, and more comprehensive view of the Divine intent, is now being prosecuted with a vigor and success before unknown; placing the hitherto obscure and mysterious in the regions of the positive and well defined.

The healing of the sick, of all God's purposes for mankind's welfare, whether from the inefficiency of its priesthood or from its own inherent difficulties, long resisted the efforts made for its development, and until within a very recent period remained in almost the same inadequate condition as when, from the access of sin and its consequent disease, it was first called into action. An incondite mass of barbarian conceits, technicalities, and contrivances which had lost in the lapse of time their meaning, bound together by sophistical ingenuity into a semblance of science, and held up triumphantly to the admiration and applause of mankind, the practice of medicine of the eighteenth century was as miserable a failure as that of its predecessors, and its honest votaries confessed this to be the fact, with shame and humiliation.

At length, however, the day dawned out of this night of obscurity, and when the plan of cure expressed by the

formula "*similia similibus curantur*" was evolved, the foundation sill, upon which is to be erected the superstructure of truly scientific medicine, was laid. That error will and must encompass *its development*, is but the consequence of *that* being the work of the finite mind of man; but it must eventually take place with other positive sciences, and those who now hold it in keeping have earnest work before them.

The object of all scientific research is to discover in the mutable the immutable, and although far from repudiating immediate utility, cannot make an end of it. This is the work of the followers of Hahnemann, and they should set a high mark before them. Names and appearances should be nothing to them; prejudices form the basis of none of their judgments; numbers and time should not in their eyes transform truth into error, or error into truth; they should neither believe nor deny any thing by chance or lightly; attaching themselves only to the essential, and rejecting the purely accidental. The work is huge, and much time must be expended ere its completion; but better far to build slowly and build aright than not build at all, or rear the fabric with the magic rapidity of Aladdin's lamp, only to have it levelled to the earth by the power of some other enchanter. If *progress* is only made, however slowly, progress must result in completion.

*"The mills of the gods grind slowly, but they grind exceedingly small."*

We have claimed for Homœopathy that it is a science, and have called the practice of it Scientific Medicine. We all believe this, but there are some who deny its truth. Let us examine and see what are the *conditions of a science*, and when a subject may be said to enter in the scientific stage.

When its facts begin to resolve themselves into groups, when its phenomena are no longer matters of single or isolated experience, but appear in connection and order; when, after certain antecedents, certain consequences, *ceteris paribus*, are uniformly seen to follow: when facts enough have been collected to furnish a basis for conjectural explanation,

and when conjectures have so far ceased to be utterly vague that it is possible in some or in many instances to predict what will result in the future, by the help of them; then the subject may be said to have assumed the proportions of and to be a science.

Need I say to you that Homœopathy fulfils all these requirements; that its phenomena have been attested by thousands of honest, careful, truth-seeking practitioners and experienced in the persons of millions of patients; that a medicine selected in accordance with its principles will, taking into consideration the natural lot of man, bring about a curative result; that even in its earliest days its immortal founder, guided by the explanations of disease, causes, and medicinal effects that it offered, was enabled to predict what remedies would cure diseases unknown to his experience. All these results have been obtained time after time, and it is only by denying individual veracity that they can be denied at all.

Thus, then, we have the basis of medicine, the *scientific substratum* laid down for the future; and it becomes us not to take it as we have found it and be content, but to gain other ten talents and add them to the original store, or it *will surely be taken from us*.

While this is the duty devolving on Homœopathists, it devolves on those only who are really such. Some men are the possessors of a limited Homœopathy, circumscribed by their own egoistical, materialistic tendencies; just as other men are the possessors of a limited God, limited by their own interpretation of Him. These have nothing to do with the work. If their faith is not in it, their hearts will not be, and to mar and not mend will be the end of their labors.

It is always well to first survey what is to be done before work is commenced. Scientific medicine must consist first, of a plan of cure; and secondly, of the materials to be employed in carrying out that plan. To separate these and to study the one without the other, would be as studying astronomy and ignoring the sun; or, charmed with the

glorious effulgence of the day, scorn to study the brilliant hosts that bestud the canopy of night.

The first of these essentials we are possessed of: the plan of cure; the law of the similars. This is perfect and complete in itself; coextensive with disease; fixed, immutable, and as much a part of the divine harmony as is the law of gravitation. The other we have also, but in a limited, incomplete, and insufficient degree; and whatever will advance the *Materia Medica* towards perfection, furnishes another course towards the completeness of the whole. These constitute the science and the art, and other issues must be regarded as mere matters of opinion, or not regarded at all. The question of dose, at present a matter for individual experience, will eventually, as Homœopathy becomes complete, settle itself satisfactorily. Potentialism, or the development of new force, a vexed question, will be settled by the question of dose. The single remedy, a valuable, logical, and good common-sense deduction from Homœopathy, is not, *ex necessitate*, a part of it. The agitation of all these questions results from the, at present, necessarily limited knowledge of Homœopathic students.

Our *Materia Medica*, grand monument of benevolence and skill though it be, may be said to be in an almost chaotic condition; and the bringing of this confusion into order is, perhaps, the most important work that can be performed for the benefit of a suffering humanity.

I believe it to be a fact that, drugs do not produce symptoms arbitrarily and without regard to symmetry of utterance; but that the pathogenesis of a drug will one day be found to be arranged according to fixed principles, as distinct and positive as those that regulate its genera and species, form, consistence, or composition.

Diseases, with very little variation, develop themselves distinctively, so that we may say that a certain group of symptoms constitutes or is the exhibit of a certain disease. It seems to be reasonable that the medicine that, acting Homœopathically, is to cure this disease, will produce, not

isolated symptoms scattered here and there in the pages of our palimpsestic symptomæ codex, but the spirit or essence of the individual diseased condition in its entirety.

It seems to be clear that, every drug has one or several peculiar spheres of action; and to discover this genius or spirit in each remedy and set it forth clearly, will be doing much towards perfecting our science.

The operations of nature are carried on according to immutable principles, and we are taught by unimpeachable evidence to view her works as part of one harmonious whole. There is a law governing health by which forces are provided and arranged for carrying on the work of the vital economy as it should be performed; and as disease, or a divergence from this healthful action, is to be controlled and remedied through the instrumentality of drugs acting according to the principle Homœopathia; it is but reasonable to assume by analogy that there is a fixed principle or law by which forces are provided to these drugs that govern and control their *pathogenetic* properties; and that each has within itself a spirit or essence peculiarly its own, and by which the phenomena it is capable of producing are regulated.

It is possible that the elimination of our *Materia Medica* may lie in a direction already taken. The path of approach to this now mysterious temple may be, and I do not doubt but that it will be, found in the modern doctrine of "*key notes*" or "*characteristics*;" but I cannot at present believe that the key to the action of a drug that is capable of producing *hundreds of symptoms* is to be found in *one single and isolated*.

Take for instance the remedy *Lycopodium*. A key-note, as it is called, for this, is said to be "a fan-like motion of the nostrils," and it is alleged that where the patient presents this peculiarity, *Lycopodium* will be the remedy. That this is a fact, it may be here remarked in parenthesis, the writer can attest in two instances, and although this symptom has

been scouted at and said to be a very common occurrence in disease, it is, on the contrary, seldom observed.

May it not be the fact that this symptom is but a key to the key-note of *Lycopodium*. Why does this fan-like movement of the *alæ nasi* also occur? There is surely something in the condition of the patient, lying in the nerves or the nerve functions, that gives rise to and will account for its occurrence. Is there not also something, some concomitants, to be found in the true pathogenesis of the drug that lead to or account for its presence in the person influenced by, or "*proving*" *Lycopodium*.

The writer has here endeavored to call attention to, as it seems to him, the necessity for the present further development of Homœopathic science and its ultimate perfection, and to set forth a possible guide to the direction in which this may be prosecuted. It is feared, however, that this has been done in an inadequate, obscure, and erratic manner; yet, if this paper succeeds in opening a discussion and leads to a thorough ventilation of the subject, its object will have been attained. The Philadelphia County Medical Society is one of the largest and most active associations of the kind in the world. There is no individual connected with it whose *experience* is worthless, and it embraces within its membership not a few of the oldest, most experienced, and best furnished physicians in this country. *Satis verborum*, and the deduction is obvious.

Homœopathy has arrived at that condition in which it cannot remain stationary. It is not for the welfare of the flowers and fruits that it is to bear that a tree should shoot forth its branches as soon as it appears above the ground. It should first gather nourishment and rise up into a parent stalk of some height and strength and then its branches will be strong to bear, its blossoms beautiful and pleasing, and its fruits wholesome and good. Homœopathy has gathered the nourishment and grown into the parent stem, strong and vigorous, and it is time that its further development into a beautiful tree should be brought about that its fruits may be for the healing of all nations.

## LETTER TO THE EDITORS,

FROM C. PEARSON, M. D.

MESSRS. EDITORS:—In your “introductory” published in the last (August) number of the MONTHLY, you make use of arguments or assertions to which, if I understand them correctly, I beg leave to take some exceptions; and as you say you “will always be happy to give any further explanations which may be desired of your views on points of doctrine or practice,” it will certainly not be considered out of place if such a construction be put upon the concluding remarks of that article as the language there contained would seem to justify. You say, “We have always asserted that in our judgment the fact that a physician employed the low potencies exclusively did not prove that he practised contrary to the Homœopathic law.” The truth of this remark we think, to say the least, must be very questionable. We once heard a Homœopathic professor of *Materia Medica* assert in the presence of his class, that the law of similars was everything; that if they prescribed according to this principle it was immaterial if they gave a *quart of medicine* at a dose, they would still be practising Homœopathically. I did not believe this then, and I do not believe it now. If the Homœopathic indications for opium be its primary or narcotic effects, such as stupor, slow pulse, bloated face, constipation, &c., then it must be very apparent that if this drug be administered where these symptoms exist in such quantity as to produce its primary action, the symptoms will not only not be removed, but must be aggravated. Though the remedy might be Homœopathically indicated, the dose and its results would be as effectually allopathic as large doses of castor oil for diarrhœa, or syrup of squills for cough; and so in reference to any other remedy in our *Materia Medica*.

We doubt then the propriety of calling physicians who exclusively use the low or unattenuated medicines Homœopaths at all. We believe with Professor Lippe that the physician who rejects attenuated medicines rejects Homœop-

athy. We know men who will mix twenty grains of mercury with one hundred grains of white sugar, and administer *thirty-five grains* of this mixture at a dose, and assert roundly that this is Homœopathy. I have now in my office some powders of the above weight and proportion, prescribed for a lady by one of these mongrels, producing the most obstinate salivation I ever witnessed. Yet this man is, and always has been an allopath, does the fact that he prescribes in this way render his practice Homœopathic? If so, then I for one disclaim such practice, even at the sacrifice of the name, for if the latter does not wholly and exclusively belong to such as use only attenuated medicines, then for the sake of truth and science let us relinquish it and adopt one more appropriate.

But again you say, "The fact of a physician's carrying in his pocket a case of high potencies affords no security of his correct appreciation of Homœopathy." This may be true, but it would certainly be very strong circumstantial evidence. If a case should be found in the pocket of an allopath, the vials of which contained mercury, quinine, arsenic, morphine, strychnine, &c., we might pretty fairly conclude he made use of these agents in his daily practice, else for what purpose did he carry them? You say that "some exhibitors of high potency pocket-cases do not hesitate to send allopathic prescriptions to drug-stores," &c. Such assertions as this we might expect to see in allopathic or pseudo-Homœopathic journals, but it comes with bad grace from a strictly Hahnemannian source; but from whatever source it may come, the sentiment is, we think, too conservative to suit the taste of a radical. It has been asserted time and again by our enemies that the high attenuationists were often forced to resort to the low, or even to crude drugs, but such instances, if they ever do occur, must be extremely rare; and if one such can be adduced, I should doubt the thorough conversion and baptism into the true Homœopathic faith of the physician guilty of such heresy.

But again. The legend "Homœopathic Physician" on a

doctor's sign affords just as much evidence that he is a true follower of Hahnemann, as does a collection of high potencies on his table or carrying them in his pocket." From this too we beg leave to dissent. Homœopathy is much more popular now than it was some twenty years ago, and some physicians would not hesitate to use the name for popularity who had no confidence whatever in the medicine. "Homœopathic Physician" may be seen on hundreds of signs at offices where no medicines can be procured above the 8d, or the 6th at most, and where the practitioner usually prescribes the tincture or the 1st and 2d triturations; but let us see the 30th or the 200th in the doctor's office, and in his pocket-case, and we will begin to have confidence in his Homœopathic faith, for ten physicians have confidence in the name to one who has confidence in the high attenuations; and while men in medicine, as well as religion, will sometimes act the hypocrite for the sake of popularity, few are willing to do so to render themselves more unpopular.

But further: "The real and only evidence of a man's being a Homœopathic physician is to be found in his carefully and conscientiously practising in accordance with Homœopathic principles." Just so; but who is to decide what those principles are? One contends that ten-grain doses of a crude drug may be Homœopathic. Another contends they never can. The platform, it strikes us, is far too wide.

\* \* \* \* \*

Is that physician to be considered loyal to the Homœopathic constitution, as expounded by its founder, who persistently administers *broken doses* of Morphine for colic, or Quinine for chills; who takes particular pains, with pencil in hand, to demonstrate, to the patrons of the pure Homœopathist, how utterly impossible it is that they should be cured by so little medicine; who has no scruples in reading to others, and making merry over it, the fact that, in our published reports of cases treated, some, even in acute diseases, recommend that a single dose of the 30th or 200th be allowed to act for one or more days; who discards such advice with the same

contempt and for the same reason that the allopath rejects every thing pertaining to Homœopathy, simply because he *does not believe it*, notwithstanding his patients die or remain uncured, when a judicious administration of the proper attenuation would have afforded prompt relief; who laughs at the idea of curing the toothache with the 200th of Mercurius, or, in fact, with any thing else than the forceps; who talks largely of "pathology," the "dominant school," "sensible doses," &c.; who, in short, is a kind of cross between the allopath, eclectic, and Homœopath, and whose medicines are a sort of hell-broth, composed of

"Maw and gulf  
Of the ravin'd salt-sea shark,  
Root of hemlock digg'd i' the dark;  
Liver of blaspheming Jew;  
Gall of goat and slips of yew."

Such physicians are to be found with "Homœopathic" on their signs, but do they practise according to "Homœopathic principles?" or can they without any Homœopathically prepared medicine in their offices? They may think so, but "we can't see it in that light."

Some physicians say they would be glad to cure every case with the high attenuations; that, by losing no patients at all, the result would be so striking as to induce not only the low attenuationists, but the allopathists themselves, to resort to similar means. But would this be the case? Not at all, any more than the Jews were induced to adopt Christ's method of curing blindness with clay and spittle; there would not be *medicine enough* in it to suit their materialistic ideas.

Is the division, then, of Homœopathists into high or low potency men to be regarded "as an absurdity, which should be discountenanced by every one?" Can they consult together, neither having confidence in the other? Much more nearly allied are the low attenuationist and the allopath. Two of these gentlemen meeting recently to consult in reference to the case of a child, the allopath remarked, that if he were treating the patient he would give a dose of calomel and

follow it with castor oil; and the Homœopath(?) replied that this was just the treatment he would recommend. Is it "an absurdity, which should be discountenanced by every one," to refuse to fraternize with such a practitioner? Then it is to be hoped many of our School are willing to be considered guilty of this absurdity.

We have some respect for the allopath who administers his five or ten grain doses, his patient knowing the while that he practises what he professes; but we have a contempt indescribable for the Eclectic, who purports to be Homœopathic, and yet who gives so many medicines and so much of them, that no mortal can tell what name best to apply to his treatment.

It is a question about which each is entitled to his own opinion, whether it would not be infinitely better for our system if we had but one journal to represent our School in the United States, this being supported by all our practitioners, thereby rendering it respectable in size, matter, and appearance; but one school upon which the talent and patronage of all our physicians might be concentrated, and where from three to five hundred students might congregate at every session; but one-half the number of practitioners we now have, all thoroughly educated in the principles and practice of Homœopathy as taught by Hahnemann, and successfully practised by his early followers. It is questionable whether in this way, the patrons of Homœopathy might not soon be increased double what they now are: for people do not like deception: if they ask for bread, they do not feel satisfied to receive a stone; if they wish to take drugs, they should be accommodated at the drug-stores; if they prefer Homœopathic treatment, they should not be deceived and imposed upon; and very little palliation or excuse need be made for those who do so. Their success in practice certainly does not justify such a course; for it is well known that a low attenuationist (and what we mean by this is one who rarely, if ever, prescribes medicines above the 3d) could not sustain himself

two years in competition with one who rarely went below the 30th.

We have no objections to those using drugs who wish; neither have we any objection to the low attenuationist giving his potencies to those who prefer them, or to his reading a reflex of his own sentiments in such journals as may be devoted to his peculiar views; but we do object to those being compelled to take prescriptions who cannot help themselves, and to such a course being in the least encouraged by those of whom we ought to expect better things.\*

\* We give place to our correspondent's letter, rather as a presentation of his own views and experience, than as a criticism on our Introductory. And we believe that the style of so-called Homœopathic practice of which Dr. P. complains, is becoming less and less in vogue, as a more accurate knowledge of true Homœopathic principles becomes more and more generally diffused.

Ed. H. M.

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#### THE PRIZES FOR PROVING PTELEA TRIFOLIATA.

Up to the fifth of June I had received but *four* provings of Ptelea. Since that date I have received *nine*, from the following persons, namely: Dr. C. H. Lutes, Dr. A. V. Marshall, Dr. Hayward, Mr. Cowperthwait, Dr. Cowles, Dr. Burt, Drs. Fish & Frain, and Dr. Thomas Nichol.

I do not think I can properly award the prizes to those provers who sent in their experiments before June 5, the date originally mentioned, as it would be unjust to others whose provings have been received since. Some of the provers wish to perfect and extend their provings already made. In view of these facts, the time of competition for the prizes is extended another year.

The whole number of provings received, however, falls short of the number expected, for I had sent the medicine to over forty persons. In view of this fact, I declined to submit the provings to the American Institute, but sent instead

a brief report of the progress made, and asked to be continued on the Bureau of Materia Medica. This request was granted, and I now propose to extend my investigations into the properties of the *Ptelea* through another year, in order to make a complete pathogenesis.

As some inducement to experimenters who may desire to aid me, I will make the following offers of prizes, (all provings now received to be admitted in competition, with the privilege of amendment:)

I. FIFTY DOLLARS for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or *Ptelein*, and to consist of all the symptoms observed during the life of the animal; a record of the pathological or normal appearance of each organ after death, and a microscopical examination of the diseased organ or tissue, and any abnormal secretion or product.

II. TEN DOLLARS, or a copy of *New Remedies* (2d edition,) for the best physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and (if possible) the microscopical and clinical analysis of the urine, feces, and other discharges.

III. FIVE DOLLARS, or a copy of "*Treatise on Abortion*," and the "*Observer*" for one year, for the next best proving made as above.

*Each prover will be presented with a copy of the "Monograph on Ptelea," when published. All provings must be sent in before January 1, 1868.*

E. M. HALE.

## LIME IN MEMBRANOUS CROUP.

BY V. R. TINDALL, M. D.

Some time ago I was called upon to visit a little German girl, whom I found in the last stages of membranous croup. She had been under allopathic treatment from the time the first symptoms showed themselves, and the doctor gave the case up, telling the parents the child must die. Upon visiting her, I could not differ from the doctor in my prognosis. However, at the earnest solicitation of the sobbing mother, I selected the remedy indicated, waited as long as I could upon its action, and seeing no change, selected another. Several remedies were thus given, and the child gradually sinking, I visited the little patient several times during the day, and was about giving up the case, when it recurred to me that I had read of this disease being cured by the inhalation of vapor arising from dissolving lime. I procured some immediately, put about three ounces in a mug, poured a small quantity of water upon it, and as soon as the steam commenced to arise held it so that the child could inhale it. The agony of the little sufferer was intense, and this seemed to increase it. I persevered in this for quite an hour, when the breathing seemed easier, the child showed symptoms of nausea, and finally succeeded in ejecting several pieces of detached membrane from the mouth. In a short time the child was asleep, and I went home with a glad heart, feeling well repaid for the labor bestowed.

The question has revolved itself many times in my mind: Was it the lime or the remedies previously given that affected the cure? But since the publication of Dr. Neidhard's work on Diphtheria, I am fully convinced that the lime was the curative agent.

## EXTRACTS FROM AN INTRODUCTORY LECTURE

Delivered before the Class of Homœopathic Medical College of Pennsylvania.

BY ROBERT J. McCLATCHEY, M. D., Professor of Anatomy.

"In assuming the office of your teacher, gentlemen, I assure you I am very sensible of the honor of being permitted to aid in directing the studies of the intelligent class I see before me, and am fully aware of the deep measure of responsibility resting upon the shoulders of one of whom it yet remains to be seen whether it is given to him to be competent to perform the allotted task."

"It has been truly said of the poet, '*poeta nascitur*, non fit,' the poet is by birth, not by education. This, however, is very far from being the case as regards the public lecturer. He is to be made, to be educated up to the high standard of excellence, and does not spring into the arena fully prepared with all the capabilities of instructing, and all the eloquence and force that impart the deepest interest to the dryest theme. These belong only to experience."

"Bear with me, therefore, for a while, for the period of my novitiate; and there shall be no step untaken, no stone left unturned, that will eventually lead, as far as my abilities will permit, to the delivery of such a course of lectures on Anatomy, as the honor of this time-honored Institution, the good name of your speaker, and above all, the expectations of yourselves demand."

"As I stand within the arena of this amphitheatre, my pulse is stirred, my heart beats quickly, and my brain is unrolling a store of reminiscences of the past. There are memories clustering around that are hallowed. Memories that recall the days of by-gone years in which the pleasures and pains; the joys and sorrows; the toils and struggles; the times of despondency and gloomy doubts,—all the incidents of the student's life,—and the hour of the final triumph, are rapidly chasing each other athwart the evanescent pic-

ture. I think of my classmates. How familiar once their faces and their names! Once united in a bond of holy brotherhood within these walls, wedded to the cause of science and the acquisition of knowledge, as you are wedded, and burning with the zeal that fills your souls, to become the advocates and propagandists of the only true, scientific system of medicine ever enunciated, that priceless boon to an almost despairing humanity, the doctrine of the similars which the Master taught; the divine law, the formula of which is our shibboleth, '*similia similibus curantur.*' These, my classmates, are now scattered, widely scattered, throughout the world, nobly fighting the fight against disease and death, and many of them I shall never, in this life, see again: but the remembrance of them is as fresh and green as though it were but yesterday we sat side by side, and the remembrance of them is rendered yet more pleasurable by the thought that not one—*no, not a single one*—has been recreant to the trust that was here confided to him."

"For I, too, gentlemen, have been a student here; have sat in the places in which you now sit and have listened to the voices of the teachers as you will do, gathering the words of wisdom and experience that fell from the lips of those who were the predecessors of my respected colleagues, the pioneers in the good work, the earliest laborers in the domain of Homœopathic Medical Science. Some of these, alas! have been taken from us; but others yet remain, examples for our emulation and worthy of our most profound respect, esteem and regard."

"I deem it a very high honor that it is permitted to me to say to you to-day, your present Professor of Anatomy is a graduate of the Homœopathic Medical College of Pennsylvania: that institution from whose portals have gone forth so many young men whose after career redounded so greatly to its honor and their own. The *alma mater* that so tenderly nurtured and fostered the children of her youth yet fondly cherishes the love she bore them, and ever seeks to bring them back when they have gained experience, and delights

to do them honor. The Professor of Practice, the Professor of Pathology, and myself are her graduates, and now her honored servants."

"My interest in the welfare of this Institution has ever been, and is, very great. For five short, happy years I here went in and out, and every step on the stairs, and every bench, and every tap of the janitor's bell was familiar to me. I have watched its progress with a jealous eye, fearful lest dark hours should come to it and gloom overshadow it, and the place that had known it should know it no more forever. I regarded it with peculiar affection from remembrance of my most respected teachers, and from the fact that it long stood alone, the first institution of its kind in the whole world, reared by a small handful of bold, truth-seeking, far-seeing men, with the hardihood and heroism that characterized the efforts of our pilgrim fathers; and now that it is prosperous and even the shadows of every doubt of its permanency and success are dissipated, I tell you frankly, fellow-students, I rejoice that it is so."

"The chair of Anatomy in this College has ever, hitherto, been ably filled, and some of my predecessors have made their mark high in the niche of fame and have been pointed out as representative men,—men who demonstrated what Homœopathic Physicians can be and are, and gave the lie to the oft-repeated allopathic cry that Homœopathists are not men of science.

"GARDINER — the thorough anatomist, the skilful surgeon, the man of science, the accomplished teacher, the pride and boast of every class! Who is there that knew him can hear his name without a thrill of pleasure and a sigh of regret! For many years, from the foundation of the College, he stood where I now stand and poured into the willing ears of the students his unmatched demonstrations, and feasted their eager eyes with his beautiful dissections. There is not one of the many who so willingly sat at his feet but will bear me out, in testifying to his excellence as a teacher, his kindly disposition, and the great affection and regard in which

he was ever held. *He has been taken from us*, and you can never hear his voice. It remains only for us to sorrow for his loss, to have regard for his memory, and to sigh that the destroyer tore from us, at an early age, one of our brightest, most valued and best."

"In 1856, Dr. William A. Gardiner tendered his resignation as Professor of Anatomy, which was accepted, and Dr. William Tod Helmuth chosen to succeed him. With what a feeling of pride do we hear the name of Dr. Helmuth! Wherever Homœopathic things and people are, there his name and reputation are as familiar as the household words. Standing, as he does, in the foremost rank of anatomists and surgeons, we have reason to feel proud of him, and this College may boast itself that here he received his first instructions and his diploma, and that here also he lectured with so much satisfaction to all. In the allopathic ranks we concede to none superiority to him, and as a surgeon and anatomist his name is enrolled with those famous in the annals of practical Homœopathy, with Williamson, William S. Helmuth, Gardiner, Kitchen, Jeanes, Hering, Lippe, Guernsey, and the rest who have made this Institution famous. I was the private student of Professor Helmuth, gentlemen, the first he ever had, and I regard him with peculiar affection and pride. Doubtless many have since had that honor, but he was to me a preceptor indeed. Since that time he has become famous. Honors have been thrust upon him; wealth has been poured with lavish hand into his lap, and he to-day enjoys—I say enjoys advisedly, for Dr. Helmuth is never so much in his element as where there is work to do—as his old friend and teacher Mr. James Parton tells us in the *Atlantic Monthly*, the largest medical practice west of the Alleghanies."

"He was Professor of Anatomy here for several years, but removing to St. Louis he was instrumental in inaugurating a Homœopathic College in that city, and has filled from time to time several offices therein, with his usual marked ability."

"Take courage, gentlemen! You, who are patient, toiling students here to-day, may in a few years hence be far up on your way to the top of the professional tree. Take courage! Professor William T. Helmuth, with all his present honors

clustering around him, with his extended reputation, and his great career of usefulness just opening up to him, is still a very young man, not many years the senior of the youngest here."

"I will not now dilate further on this theme or speak of the others who have stood in this place before me. I am desirous of saying something, before we part, having particular reference to the very important study in which we are mutually to engage."

The lecturer here gave a brief account of the origin and progress of Anatomical investigation, and reviewed the field of Anatomical study, concluding as follows:

"This is our subject, gentlemen. It is that we are to study together during the months that constitute the Collegiate course. Is it not a noble theme? "The proper study of mankind is man;" not only his moral nature, not only his mind and soul, but his whole physical being. This is the grand substratum, the only firm foundation upon which can rest the knowledge of disease and the application of remedies for their removal. A thorough knowledge of human anatomy is an absolute essential of the accomplished physician, and above all others, of the accomplished Homœopathic physician. It is only by the most earnest attention and the most thorough investigation that this essential is to be attained. Books will teach you very much, plates will serve you an excellent purpose, the manikins and preparations that belong to this College will afford you an ever-present object of study; your teacher will endeavor to make all clear and plain to you; but go to the dissecting room, and there, standing before the cadaver, the image and likeness of yourselves and a common humanity,—with the soul taken out of it,—there learn what man is, how he is constituted and constructed; and the knowledge there acquired will never be forgotten; that knowledge which distinguishes the educated physician from the miserable pretender and quack. The Professor of Physiology in addressing you last evening, told you truly that Anatomy, of all the branches of Medical Science, is the most difficult to be learned and the most easily forgotten. It is true, that in the turmoil of after life, and the necessity of attending mainly to therapeutics, the physician very easily and almost invariably forgets the technicalities and minutiae of our branch; but the knowledge that is acquired in the dissecting room from careful dissection and study of the parts, will always remain clear to your minds."

## DECEASE OF E. A. POTTER, M. D.\*

At the Quarterly Meeting of the Central New York Homœopathic Medical Society, held at the office of Dr. W. H. Hoyt, in Syracuse, on Thursday, Sept. 12, 1867, a committee was appointed to draft resolutions expressing the sense of the Society, relating to the death of Dr. Ethan Allen Potter, late President of said Society.

The committee report as follows :

WHEREAS, The Supreme Architect having taken from our midst Dr. Ethan A. Potter, who, as President of the Central New York Homœopathic Medical Society, was honored and venerated, and as a member of the profession was held in *high esteem* for his ability; therefore, be it

*Resolved*, That we deeply feel the bereavement, and fully sympathize with his afflicted family in their great loss, but would comfort them with the assurance that though his body be dead, and returning to dust from whence it came; yet his spirit "still lives" to encourage, purify, and animate our immortal part.

*Resolved*, That in Dr. Potter each, and all of us, had a friend and brother, one on whom we looked, as it were, with reverence, and many of our number do thankfully remember his valuable counsels, excellent advice, encouraging words, and we feel that our loss is fully shared by the New York State, Oswego County Homœopathic Medical Society, and by the American Institute of Homœopathy, of which Societies he was a member,—an *active, working* member.

*Resolved*, That society, and humanity at large, have lost a true man, brother, and an excellent physician, and there be many who in reality mourn, and deeply feel the blow, however just and well ordered it might have been.

*Resolved*, That these resolutions be published, entered upon the records of this Society, and a copy furnished the family of the deceased.

LYMAN CLARY,  
WM. M. GWYNN,  
D. DWIGHT STOW,  
*Committee.*

\* An interesting and somewhat extended obituary of the late Dr. Potter, by D. Dwight Stow, M. D., accompanied these resolutions, which we shall be pleased to publish when less crowded for space.—  
ED. H. M.

## NOTICES AND NEW PUBLICATIONS.

HOM. MED. COLLEGE OF PENNA.—At an adjourned meeting of the Board of Trustees, held Oct. 19th, the by-laws were changed, in accordance with the request of the Faculty, and a PROFESSORSHIP OF PATHOLOGY instituted, to which *J. H. P. Frost, M. D.*, was elected,—he having resigned the chair of Physiology.

*Professor Arrowsmith* was transferred to the chair of Physiology; and *Robert J. McClatchey, M. D.*, was elected *Professor of Anatomy*.

The friends of the College will be gratified with the valuable accession of strength secured to its Faculty through the election and acceptance of Dr. McClatchey, whose ability and high qualities are well known to the Profession. Himself an alumnus of the College, Prof. McClatchey feels a deep interest in its prosperity; in his Introductory Lecture—a portion of which appears in another part of this number of the “Monthly”—he refers, with grateful pride, to Professors Gardiner and Helmuth, his former Teachers, and Preceptor.

## PUBLICATIONS RECEIVED.

The BRITISH JOURNAL OF HOMŒOPATHY, for July and October, 1867.

The NORTH AMERICAN JOURNAL OF HOMŒOPATHY, for August, 1867.

The OHIO MEDICAL AND SURGICAL REPORTER, No. V.

The MEDICAL INVESTIGATOR, October, in a new and much improved form; T. C. Duncan, M. D., Editor.

The UNITED STATES MEDICAL AND SURGICAL JOURNAL. This (October) No. begins Vol. III.

The WESTERN HOMŒOPATHIC OBSERVER. St. Louis.

The AMERICAN HOMŒOPATHIST. Cincinnati.

The NEW ENGLAND MEDICAL GAZETTE. Boston.

AMERICAN HOMŒOPATHIC OBSERVER. Detroit.

The AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA.

EL CRITERIO MEDICO. Madrid, Spain.

JOURNAL DU DISPENSAIRE HAHNEMANN. Du Bruxelles.

The QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE.

The ORIGIN AND CHARACTER OF HOMŒOPATHIC LIFE INSURANCE IN THE UNITED STATES, by J. P. Dake, M. D.

## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M. D., SECRETARY.

The regular monthly meeting was held on Thursday evening, September 19th, Dr. RICHARD GARDINER, President, in the chair.

The minutes of the preceding meetings were read and approved.

The *Committee on fee-bill* promised a full report for next meeting of the Society.

E. BENTLEY HALL, M. D., of Camden, N. J., was proposed for membership by Dr. Williamson, and, the rules being suspended, was unanimously elected a member.

A very interesting letter to the Society from Dr. BUSHROD W. JAMES, dated Paris, August 30th, 1867, was read by the Secretary. (This will be found in another part of this number of the "Monthly.")

On motion, a vote of thanks was extended to Dr. James for his interesting contribution.

Dr. R. J. McCLATCHEY then read a paper entitled "The Development of Homœopathy." (This paper also appears elsewhere in this number.)

A vote of thanks was extended to Dr. McClatchey for his essay.

After the reading of the paper an interesting discussion ensued, in which much valuable information was elicited, and in which Drs. W. Williamson, Guernsey, Morgan, Frost, Lippe, Martin, Gardiner, Jeanea, Gause, and others took part.

Dr. WILLIAMSON expressed himself as highly pleased with the paper he had just heard read, and thought there were some ideas in it that were in advance of any that he had proposed to himself. He alluded particularly to that idea, so beautifully expressed, that has special reference to the systematizing of our *Materia Medica*. He did not see why this should not be done by the present race of Homœopaths. What we want to have is the whole image, the embodiment of the true genius of the drug.

Dr. GUERNSEY said that he felt disposed to be provoked at Dr. McClatchey for having stolen his thunder. He had had it in his mind for a long time to write a paper on the *certainly of Medicine*. Medicine has been regarded and is stigmatized as an uncertain science. Now I am satisfied that the practice of it as laid down according to the principles of true Homœopathy, by development, may be and will be brought to be as certain and exact and as near perfection as Chemistry or any other of the positive sciences. True, this will take a long time to be brought about; it has been a long time in being brought thus far, but every thing that is of value is slow in being brought to perfection. There is not a day in which there is not some development. Our medicines are all based on the law of the similars, and every day's experience is developing the peculiarities of the remedies, and these are invaluable,—these are the developments that must lead us to perfection.

A few days ago I was called in consultation in a case of epistaxis. Being on very intimate terms with both physician and patient, I ran up into the room and found the blood streaming from the patient's nose in *long black strings* and running down the posterior nares. I knew right away that *Crocus* was the remedy, without asking a ques-

tion, and I told the Doctor so. *Crocus*<sup>200th</sup> was given, and in five minutes the hemorrhage was arrested. This was the *key-note for Crocus*. We subsequently found that all her other symptoms were those of *Crocus* likewise. She had not of course all the key-notes of *Crocus*, as for instance, the *bounding, rolling in the abdomen*, or the *motion in the stomach, hither, thither, upwards and downwards*. These are also *key-notes of Crocus*. Thus we all know of symptoms that are confirmed and positive, and they are now multiplying with great rapidity. These were always true, but have only recently been discovered to be so. Medicine has existed for three thousand years and has advanced thus far. If we go on for three thousand years more, progressing as rapidly as we are doing now, our science will be exact and positive.

In regard to the "*fan-like motion of the nostrils*" alluded to in the paper read—what is it? What is the cause of it? I have but seldom observed it. In one case of intermittent fever which I had failed to cure, and was disgusted with myself, with medicine and with the patient, I observed this motion of the *ala nasi*. Here, I thought, is a case for *Lycopodium*. I questioned the patient, very carefully, not trying to put answers into his mouth, and found he had a great many *Lycopodium* symptoms. I gave him one dose of the *6000th* and he had not another chill.

Dr. J. C. MORGAN was much pleased with the paper and with the subsequent remarks. Felt very much interested in the subject of key-notes. He had, from his earliest experience in Homœopathy, been unconsciously gathering key-notes without supposing that they would ever be very valuable. Felt under deep obligations to Dr. Guernsey for attracting his attention to this subject more fully, as he felt a deep interest in this positive knowledge of medicine. As to the "*fan-like movement of the nostrils*," although Dr. Hempel was disposed to laugh at it as an unreliable symptom in therapeutics, he had in one case observed it with great care, and endeavored to obtain from the concomitants an explanation of the phenomenon. It was a case of puerperal peritonitis, the symptoms very grave and rapidly growing worse. The aggravation had occurred about four o'clock in the afternoon. On observing the countenance the next morning the fan-like movement was present in a marked degree. The lines produced by the elevators of the wings of the nose were very deep, and the *alæ* were drawn up remarkably; there was likewise a depression of the lower jaw. She seemed to be unwilling to allow the diaphragm to have full play, using the thorax entirely for respiration. This he thought was the interpretation of the symptom and that it is founded on strict pathological truth. All the nerves of forced respiration are involved in the question. He would suggest that others should observe this symptom carefully. He gave *Lycopod.*<sup>2000th</sup>, once in six hours, which was followed by immediate improvement. There was then an aggravation of symptoms and *Lyc.*<sup>6000th</sup>. The cure was thus commenced, and although other symptoms arose, requiring other remedies, the *Lycopod.* commenced the work.

Dr. Morgan then related two cases treated with *Nux moschata*, with the key-notes indicating that remedy.

CASE 1.—Mrs. C., æt. 35, formerly subject to hemorrhage from the rectum, cured a year ago, mainly by *Sulph.* high. Pregnant, four months. Has had soreness of hypogastrium, constipation, palpitation and sighing breathing; rumbling in descending colon, much better after bowels were moved by *Sulph.*<sup>200</sup>, four doses,—after *Bry.*<sup>200</sup>—six times. On September 17th, at 5 p. m., found her lying on a sofa in a dark room. On opening the shutters and speaking to her, noticed that she

looked up with eyes blinking, as if bewildered. Her skin was very moist, forehead and hands cold. She seemed to rouse with difficulty, as if sleepy. Complained that in the last twenty-four hours she had felt weak, and this morning, and since, had paroxysms of indefinable terror, and on her husband proposing to go out and shut the chamber door, she declared she would get up and open it;—talked very loudly unawares, and otherwise acted in a strange manner, to the slight alarm of her husband. After dinner had cramps in stomach. Now acts as if drowsy. Abdomen tender. *Nux moschata*<sup>1000</sup>, two doses at intervals of six hours, relieved entirely all the symptoms except weakness. The attack proceeded from overworking and was diagnosed as *pelvic congestion*. *Gelsem.*<sup>1000</sup>, and *Bell.*<sup>200</sup>, were the first two prescriptions, for fever, red face, &c., then *Nux vom.*<sup>200</sup>, *Bry.*<sup>200</sup>, *Sulph.*<sup>200</sup>, *Nux moschata*.

Miss S. S., æt. 17. Menses first noticed on rising in morning. While dressing, fell into a swoon. Found her soon after apparently in a sound sleep, breathing quietly,—skin dry and rather cold. On being roused, shed tears in a quiet way. Had pain in uterus at onset. *Nux moschata*<sup>1000</sup> was followed by immediate and permanent removal of all the abnormal symptoms.

The moisture of the skin with coldness is a new feature of *Nux moschata* not found in the books, but on account of the loud talking and bewildered manner was induced to give that remedy. This loud talking unawares, drowsiness, and bewildered manner on being aroused, seem to be a key-note for *Nux moschata*.

Dr. Frost.—Bishop Butler, in his Analogy of Natural and Revealed Religion, speaks of Christianity as a system of religion which is but imperfectly understood. The same line of thought is equally applicable to Homœopathy, which is a system of medicine that from the very nature of the case is as yet but imperfectly developed. We may see the truth of this in respect to the *Materia Medica*, which is incomplete, both as regards the number of the medicines it may include, and as regards the extent to which very many of the now partially proved remedies may be still more thoroughly proved.

The comparative position of Homœopathy in relation to other sciences and arts shows that it must still be regarded as a system necessarily incomplete. Even if Hahnemann, at a single bound, established this system in advance of all collateral science of his day, we must not forget that these sciences ever have been and still are constantly progressing; and that Homœopathy will be left far behind, unless it constantly receives a corresponding development. This might be illustrated by reference to the new views in physiology and pathology; but the *Materia Medica* itself will afford ample proof of what we have in view. For even if the *Materia Medica* were to be considered entirely complete, both as to the total number of its remedies, and as to the individual proving of each, it will still be found to contain depths of richness which we have scarcely begun to explore. For each individual remedy, especially of the polychrests, is many-sided; each one may be suited to various forms of disease, to disorders principally located in different tissues, structures or organs. And in each one of these conditions, each remedy may have important groups of symptoms; while each group may have its own leading symptom, which will be therefore its characteristic, the *key-note to the remedy under those conditions*. Thus in the various spheres of disease in which a single remedy may be applicable, it may have several and widely differing key-notes. Thus, too, the symptom of a remedy which is its

key-note under certain conditions, may evidently be seen not to be a key-note of the remedy under other conditions.

In our works of *Materia Medica*, the natural groups and succession of symptoms were all broken up, in the arbitrary distribution of the symptoms under different heads. The reconstruction of these natural groups, and of the original order and succession of the symptoms as these were in the first place developed in the provings, will now be found impossible, in the majority of cases. But by careful observation we may be able to obtain something equivalent to it, through clinical experience. At any rate the study of the groups of symptoms, and of the natural order of their development in the provings, opens up a most important field of labor in the *Materia Medica*; one, in fact, exactly corresponding in importance and utility to a similar analysis of the grouping of symptoms in disease, and exact detail of the order of their successive development. And the application of the one to the other opens up a proportionably new and important field of labor in Homeopathic art.

I was much pleased with Dr. Morgan's remarks, and cases of *Nux moschata*—a remedy much neglected by the profession. And I will add a case of the employment of this, which may illustrate what I have just advanced relative to key-notes. A young woman was attacked with paroxysms of intense pain, as of colic, almost spasmodic, in the bowels, from sudden suppression of the menstrual flow by exposure to cold and wet. The cause of the difficulty led me at once to examine *Nux moschata*; there I found a great variety of pains in the umbilical region and abdomen. The administration of this remedy in solution of globules of the lower potency very promptly relieved the distress and restored the flow. Thus, *colic pains* arising under such circumstances might become an important key-note for *Nux moschata*.

Dr. RICHARD KOCH said that he was very glad to hear *groups of symptoms* mentioned by Dr. Frost. A disease is known by the groups of symptoms it presents, and by the difference of these groups diseases differ. So likewise a remedy should be known by the groups of symptoms it produces, and in what manner its groups differ from those of another remedy. In the case cited, where *Lycopodium* was used, the "*fan-like motion*" was accompanied by other symptoms of that remedy. The other symptoms were said to be also under the head of *Lycopod*. Why then pick out this symptom and call it the key-note, when the other symptoms were present? Dr. Hering has told us that in selecting a remedy we should have three symptoms at least present—three legs to stand on. Which of the three legs are we to regard as the key-note, or why regard any of them so at all?

Dr. H. N. MARTIN.—If, when we find the key-note present, all the other symptoms follow as a matter of course, it would be easier to remember the key-note than all the other symptoms. But in my experience this does not always follow. I have prescribed for the key-note alone and failed, and again I have prescribed in that way and succeeded. Dr. M. had observed the fan-like motion of the nostrils twice; once in a patient, the other in his (the Doctor's) horse. This latter had inflammation of the lungs, and the above symptom was present in a very marked degree. *Lycopodium* was given the animal with decided good results.

He thought the term key-note was not the most appropriate that could be used, and that key would perhaps be better.

Dr. GUERNSEY said he did not care any thing about the term key-note. When he first used it he did not mean to invent it, but used it because it came handy. His great desire is to make the science of

medicine positive and exact, so that we may have instead of vagueness something we can place our hands upon at all times. He had, in his experience, often found two or three conflicting key-notes in a single case. Here he has found it necessary to study out the genius of the remedy. He gave his patient *placebo*, went home and worked out his case by hard labor; and did not he work at such times! He must find something characteristic far above any thing like a key-note. The genius of the condition is here to be found in the remedy; when this was done he felt certain.

Dr. BROOKS suggested the term *key-symptoms* instead of key-note.

Dr. MARTIN had no special objection to the use of the term, but objected to a method of prescribing that looks only at one symptom called the key or key-note. For instance: chills commencing in the back is said to be a key-note for a remedy. Now, there are several remedies that have this symptom, but we cannot say from it alone that we must give *Capsicum*, *Eupatorium*, *Zincum*, but must get the balance of the symptoms. The key-note leads us only to several remedies; it suggests these to our minds and in this way key-notes are valuable. From these suggested remedies we are to select one that is characteristic of the case.

Dr. GUERNSEY.—Let us have our key-note properly noted. It must be known on what lines it is; whether it be a sharp or a flat. *Capsicum* has chills *beginning in the back, and from thence spreading over the whole body*. *Arsenicum* also has chills in the back, like cold water running down it.

When I first began to teach I felt as if I wanted to give the students something to go home with, some staff to lean on. I had nothing of the kind when I commenced, but I gradually picked up something. I wanted to give them what I knew. I called these things I had picked up, *key-notes to remedies*, and I gave them to the class with fear and trembling, for I felt that it might prevent them from advancing beyond these points and induce them to not study the *Materia Medica*. I told them that when they had a patient who exhibited one of these key-notes to a remedy, that then they had a remedy to study, and urged them to study unceasingly the *Materia Medica*. What then was my delight to find them writing to me from all quarters that my key-notes had been invaluable! That they had learned more of *Materia Medica* than ever before, and I was assured that my course had done something towards making Homeopathy a positive science.

I feel that the more we can give of these key-notes or characteristics, call them by what name you please, the more we are developing our science and bringing it to the perfection and exactness that I believe it is destined to assume.

Dr. VON TAGEN.—I very much admire the expressiveness of the term key-note. It is only within the past year that I have been led to look at them, and to know their full value, and since then I have been enabled to prescribe more accurately than ever before.

I can call to mind three cases in which there was an exhibition of this "fan-like motion of the nostrils." In one case, where the disease was supposed to be located in the medulla oblongata, and where the symptom was very decidedly marked, *Lycopodium* was of no avail, but here there were organic changes that must necessarily lead to death. The second case was that of an old lady aged 74 years, who had a severe attack of Pneumonia. Amongst her other symptoms was the movement of the wings of the nose. *Lycopodium* afforded no relief and she subsequently recovered under the use of Phosphorus<sup>31</sup>, the symptoms pointing to that remedy. The third case where this symp-

tom was observed was in a child attacked with diphtheria, supervening on an attack first of cholera infantum, and second, scarlet fever. Here the *Lycopod.* did no good and the little patient died.

Following Dr. Guernsey's remarks on Capsicum, he desired to state that the paroxysms indicating *Eupatorium purpurea* are somewhat analogous. It also has chill beginning in back and thence spreading; perspiration not amounting to sweat, chiefly on neck; blueness of nails and coldness of extremities.

The Doctor said he had had a case of congestive chill, not often observed in this neighborhood. This patient also had fan-like motion of nostrils. She had chill beginning in back like cold water running down it, great thirst, and the head seemed to be so affected that she was demented; burning in stomach. Gave *Arsenicum*<sup>200</sup>, two doses. She had a slight chill afterwards, but no more. She had a relapse subsequently, on getting wet, and Arsenicum again cured.

Dr. MORGAN.—In chills beginning in the back has found that *Capsicum* this year was inefficacious, although a valuable remedy last year; that is, where the cases were pure intermittents. In other diseases where this symptom existed it exerted its usual influence. *Bryonia*, on the contrary, this year cured these cases of intermittent. Dr. M. related the cases of two sisters, both suffering from intermittent fever, with chill beginning in the back. The one had a great deal of soreness "all around the waist," as she expressed it, when the paroxysms came on, aggravated by movement. When the chill had thoroughly set in she took a big drink, then no more until occurrence of the fever, during which she drank often, but little at a time. The other had diarrhoea coming on in morning and aggravated by motion. During chill numbness of the hands. Took a big drink at beginning of the chill, but would drink no more. During the fever she would eat ice, and had a capricious appetite, desiring various articles of food, but would not eat them. *Bryonia*<sup>200</sup> cured both cases.

Dr. MARTIN.—Dr. Guernsey has remarked that he has received many letters from various quarters thanking him for his labors in advancing Homœopathy. He also had written a letter to Dr. G. of this tenor, and he desired to thank him now for his teachings. They had been invaluable to him, and he did not know how he could have gotten along well without them. He had profited greatly by the doctrine of what is called "key-notes," and in what he had said did not wish to be understood as desiring to detract one iota from Dr. Guernsey's well-merited honors.

Dr. LIPPE said: We are all agreed as to the value of key-notes, and all regard their use as a step in progression, but as Dr. Martin has alluded to *their abuse*, I will say a few words about that.

If a person takes merely a key-note and prescribes for that alone, he will often find himself much in the same place as the one who prescribes for a mere pathological name.

The key-note means that, where it is present, in all likelihood the doctor will find, under the head of the remedy indicated by it, the other symptoms of the patient. It means this and nothing more. It is suggestive.

But there are some uses to which key-notes may be put, that have not yet been alluded to. There are some cases in which we have nothing else to go by. As an instance, he would relate a case where he was called and found the patient had asthma for twenty years. This was the prominent condition of the patient. He had taken all rational and irrational remedies. Stramonium he had smoked, inhaled saltpetre, had hydropathy and allopathy. In looking around the

room, however, as was his practice in going into the sick-room, so that nothing might escape his attention, he was attracted by the scanty exhibition and the appearance of the urine in the vessel under the bed. On examining into its appearance, character and condition, thanks to Dr. Jeanes' invaluable key-note for Benzoic acid, he was enabled to prescribe that remedy with complete success.\*

Another case. A young physician wrote him a letter six months ago concerning a patient, a young lady, in whom he, the young doctor, was interested, (Dr. L. would not venture to say how deep this interest was,) and stating that if he could cure the case it would be greatly to his benefit. The only symptoms he gave were that the patient had *dry hair, rapidly falling off, and much dandruff*. Dr. Lippe wrote him that if the other symptoms corresponded, *Kali carb.* would be the remedy. Dr. Lippe learned by letter to-day received that this remedy was given twice at the interval of a month in a high potency, the patient was cured, and the young physician received much credit for it. Now if he (Dr. L.) had not known that this condition is a key-note for *Kali carb.*, he could have given no advice at all.

If the Homœopathic physician has his head stored with key-notes, he occupies the same position to the remedy that the skilled pathologist does to the disease. The latter can tell the name of the disease or its seat by merely looking at the patient, the former the remedy to cure it.

We may not be able at first sight to find in the complaints of the patient the characteristic symptom. What he chiefly complains of may not be the characteristic at all, and may not be found in the pages of our *Materia Medica*, but if we do find a key-note strongly expressed, and can find no other symptoms at all, we may give the remedy having it *with a good deal of certainty*.

Dr. GUERNSEY related the case in which he was consulted by a young physician. It was that of a young lady of whom the Doctor said that she constantly prayed, talked and sang. Dr. G. recommended *Stramonium*, but the attending physician said there were no other symptoms of that present. Dr. Guernsey replied that if the remedy was well and thoroughly proved, the symptoms of the patient would be found under it. The physician would not give the *Stram.*, but gave something else, and the patient did not get any better. Dr. Guernsey was subsequently called, gave *Stram.*, and in an hour the young lady was quieted. What are we to do in such cases where we find the characteristic strongly marked, even where we do not perceive any other symptoms of the remedy? We must give it undoubtedly.

He had received a letter from the West complimentary to his book on Obstetrics, but finding fault because he had not mentioned the modern remedies. How could he mention them? What are the indications for their use?

Dr. MORGAN wished to know whether Dr. Lippe meant for a key-note the symptoms that the patient principally complained of. There are many symptoms (objective) that the patient does not complain of at all that are key-notes.

Dr. LIPPE replied that he meant to say, and did say, that the key-note is a symptom of the patient, whether complained of by the patient or observed by the doctor. The key-note for Benzoic acid, in the case related, was discovered in the chamber under the patient's bed, and was not a symptom of which the patient complained—his anxiety was about his asthma and the severe sufferings from it.

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\* Vide Hahnemannian Monthly, Vol. III., No. 2, page 92.

Dr. O. B. GAUSE desired to call attention to a case he had under treatment. The patient had been ill for three months. There was trembling, nervousness, weakness. No appetite, with an actual dread of food and bad feeling in precordia. Menses diminished, scanty and of pale color. Urine deposits brownish-red sediment, rough to the touch and which cannot be washed from the vessel. What is the key-note here? What is the characteristic symptom? Is it to be found in the symptoms of which the patient complains, or in the peculiar condition of the urine?

Dr. GUERNSEY asked whether the deposit accumulated in the chamber layer after layer. If that be the case he was reminded of *Sepia*.

Dr. GAUSE did not know, but presumed from the lady's cleanly habits that it was not allowed to accumulate.

Dr. GUERNSEY.—There is a deposit of that kind that accumulates layer after layer, in spite of cleanliness. In such cases *Sepia* will be the remedy.

Dr. VON TAGEN stated that while a student he was much troubled with deposits in the urine, principally of a red brick-dust character, which adhered with great tenacity to the inside of the vessel. The urine was high colored, red, and passed more frequently than usual, accompanied with more or less of a scalding sensation and some pain in the region of the kidneys, particularly in the left. *Berberis vulgaris*<sup>124</sup> removed the symptoms and sediment permanently.

Dr. FROST.—The course of this discussion of the key-notes reminds me of the very common sophism of reasoning in a circle. We must prove that a symptom is a key-note, before it can be at all respected as such; and even then it is a key-note only if the requisite conditions are present; if they are not present, it is no key-note in the given case. So we can hardly affirm that key-notes are such absolutely. And upon particular examination, I think it may often be discovered that the supposed key-note with its requisite conditions in reality constitutes a group of symptoms. This is true in such examples as that I have already instanced, where we find combined, in one group, the suppression, the dynamic cause, and the actual result.

Dr. RICHARD KOCH was not unwilling to subscribe to the doctrine of key-notes in a certain sense. A key-note is nothing more than a symptom that has proved itself, in the experience of one or several physicians, curative or characteristic. These must necessarily rapidly multiply, and with the united experience of very many physicians, each giving key-notes, we will have an enormous tissue in our *Materia Medica*, and in twenty-five years we will find ourselves where we are now. The relative value of key-notes seems to vary from time to time, as Dr. Morgan has expressed it of Capsicum.

Dr. JEANES said he was much gratified at the exhibition of good common-sense in this discussion, and thought it worthy of remark. In regard to the names key-notes or characteristics, they meant what he meant to express by the term "*confirmed symptoms*." The name "characteristic" carries with it a doubt as to the value of the other symptoms of a remedy. These may at first not appear to be very prominent in our *Materia Medica*, but they are confirmed from time to time, first by one and then by many physicians. By thus communicating our ideas to each other and giving out our experience in the use of remedies, we will gradually accumulate a store of facts, and thus greatly aid in perfecting our science and making it what it ought to be.

Dr. GUERNSEY.—It is very wrong to say of a remedy that it will cure one year and will not cure the same symptoms next. If it be true once it will be true eternally. Either the patient or the doctor was

mistaken where the remedy did not cure. Where the chills come on spontaneously, in the back, and thence spreading, *Capsicum* will always be the remedy. The symptom of chill in back might be present, but in another combination which would render not it, but something else, the characteristic. Dr. Von Tagen, for instance, relates cases of chills commencing in back, and cured by *Eupatorium purpurea*. In these cases the concomitant symptoms were those of that remedy.

Dr. LIPPE.—If the symptom taken to be a key-note indicates a remedy under which the other symptoms of the patient are not to be found, or are contrary to the other characteristics of that remedy, that supposed key-note is false. It is not the key-note, but some other symptom is, and another remedy is indicated by that under which will be found *the whole condition of the patient*. If the chill begins in the back and there is thirst during the chill and not during the fever, *Capsicum* will and must cure. If the chill begins in back and there is thirst before the chill and vomiting during the fever, *Capsicum* will not cure that case, but *Eupatorium perfoliatum* will. When the *whole* of the first condition is present, *Capsicum*; but if not the whole, *Capsicum* will not be the remedy.

Dr. GARDINER.—No thirst with chill, but pain in back, indicates *Eupatorium*. Thirst with chill and pain in back indicates *Capsicum*. In cases of intermittent it is very important to get the characteristic symptoms of the chill. In a case that he had had, the first indications the patient had of the approaching chill were the tips of the fingers and toes getting cold, and coldness around the lips. He had never met this condition before and knew of no remedy that it indicated. The patient had unbearable thirst during the chill. After studying out this case he had found *Bryonia* to be the remedy. Gave a powder of <sup>sooth.</sup> and there was no return of the paroxysms.

Dr. VON TAGEN related a case of prolapsus ani that he then had under treatment. The patient seemed to be more comfortable while the gut is prolapsed and desires to have it down. There is much straining and tenesmus at stool. Has tried *Bell.* and *Calcaria* without effect.

Dr. LIPPE.—Here is Dr. Williamson's characteristic for *Podophyllum*. That will be found to be the remedy.

Dr. WILLIAMSON could refer back to the time when physicians had no key-notes or characteristics to guide them. They were then governed, in selecting a remedy, by other considerations. We were then guided sometimes by the day, the character and locality of the pains, periodicity, etc. We advanced another step and were guided by the organs affected, but this smacked too much of pathology.

He believed that different tissues give rise to sensations that only such tissues can, and we will find that certain remedies will affect certain tissues and present certain symptoms and sensations that belong to these tissues alone.

Dr. Williamson stated it to be his intention at some future day to present a paper setting forth his views on this subject.

The Society then adjourned at half-past ten o'clock.

## LETTER FROM PARIS,

To the Philadelphia Homœopathic Medical Society, by B. W. JAMES, M. D.

PARIS, August 30, 1867.

MR. PRESIDENT AND GENTLEMEN:—During my stay in Europe this summer I have visited quite a number of hospitals, and found the general sanitary condition of the cities through which I have made my tour extend quite good, except that in one hospital in Dresden there was a disposition to an outbreak of the dysentery in an epidemic form.

In Italy, however, the people seemed very much concerned about the Asiatic cholera, which was prevailing quite severely in the lower part of the country, and was spreading from place to place. A most remarkable infatuation seems to have taken hold of these peculiar people concerning this epidemic of cholera in localities where it is now making its appearance. Many of the inhabitants, particularly the ignorant and superstitious class, believe that the physicians and soldiers have a hand in the spread of the malady—that they introduce it into the cities and towns for the purpose of poisoning the people; and the result is that the people, or at least many of them, residing in infected localities, entertain the most bitter hatred against the military stationed there, while at some points, upon the appearance of the cholera, the medical men were obliged to fly for their lives from their homes from the rage of the inhabitants, owing to the same misguided notions. In Florence there did not appear to be any such opinion entertained, for, although there had been several cases of cholera reported, the people were not alarmed, and we were not subjected to quarantine at this city as we had been at Venice. A friend who was travelling with me was attacked early one morning at Florence with diarrhœa, with thin watery stools, debility and a white-coated tongue. I gave him one dose of Camphora and he was relieved at once, and was not again troubled with the symptoms.

The mode of quarantining, or rather fumigating, the passengers arriving in their cities by train was, to send all the baggage into a large room as though it was about to be examined by the custom-house officers; all the passengers without exception were then obliged to pass in, and those having baggage to unfasten their pieces; the door was then fastened and there they had to remain, for a period varying from three to fifteen minutes, in a room which had previously been filled with chlorine gas so strong that the trachea and bronchia were much irritated by inhaling it, and a great burning and smarting sensation produced therein, followed very naturally by a cough. Many travellers could not at first understand the meaning of such apparent harsh treatment. I appreciated the situation upon the first inspiration of the chlorine, knowing that I was in a country where the cholera was epidemic. This was encountered in every town in Switzerland through which I passed, that was located anywhere near the Italian border.

This method may, peradventure, serve somewhat as a preventive against the introduction of cholera by individual conveyance, in which manner it is occasionally carried into a city; but I believe that the miasmatic influence, when once a strata of air is thoroughly impregnated with it from an infected locality, is conveyed from place to place somewhat similarly to the wind currents, (of course not so rapidly,)

but descending in some places, and then ascending, and passing entirely over or above their localities, only, however, to come down upon another spot, where possibly it may sweep along a whole district.

The city of Rome, which was directly in its track to the westward when it came from the east across to France two or three years ago, entirely escaped from the cholera. This summer Rome appears to be the great central point of outbreak, and from the natural unhealthiness of that city in the warm season, owing to the malaria that hangs over it arising from the neighboring marshes, it is not a matter of surprise that the disease has assumed a most malignant type, carrying off its victims frequently in two or three hours. It is prevailing in quite a number of the towns in southern Italy and the adjacent islands. The city of Naples, I learn, also has its share of the epidemic, and I have no doubt our eminent co-laborer in the great cause of Homœopathy, Dr. Rocco Rubini, of that place, will be able to give some satisfactory statistics of the relative success of treatments in this epidemic, when it shall have passed over; for I am quite well aware that the allopathic management of it is not a matter over which that portion of the medical profession can as yet boast.

I had a very pleasant interview with the well-known and estimable Dr. Roth some days ago, and regret very much to find his eyesight so much impaired by disease as to prevent him from reading. To so able a man it is an affliction felt, not only by himself but by his medical friends as well.

I likewise a day or two since, through a letter of introduction, called upon Madam Hahnemann, a most perfect and accomplished lady, whom I found still thoroughly engrossed with matters pertaining to the success of true Homœopathy, such as Dr. Samuel Hahnemann himself promulgated and practised. The Homœopathic profession of the United States will be pleased to learn that the sixth edition of the *Organon* is nearly ready for publication. She informed me that it will be published in all probability about November or December of the present year.

The Homœopathic Medical Congress assembled at Paris pursuant to notification on the 9th of August, and closed its sessions on the 13th. Considerable discussion ensued at different times upon the dose question, but as the whole proceedings are to be published in pamphlet form, I will not enter into an account of its sittings.

# THE HAHNEMANNIAN MONTHLY.

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## CLASSIFICATION OF REMEDIES,

BY DR. AD. LIPPE,

Read before the Philadelphia Homœopathic Medical County Society,  
October, 1867.

THE most eminent men in the profession have at all times felt the necessity of arranging the *Materia Medica* systematically. This necessity arose from the daily-increasing assemblage of facts exclusively appealing to the memory, and it became necessary to systematize these facts in order to aid the memory and facilitate the selection of the remedy in a given case of disease. The mode and manner of such systematic classification of drugs depended in a great measure upon the views entertained in respect to drug-action in general, on the comprehension of the law governing the relation existing between the drug and the disease, and on the adaptation of one or the other (Pathological) school in Therapeutics. In proportion to the correctness of the views and opinions of the various originators of the different attempts to classify remedies, were these classifications advantageous to the profession and capable of affording aid in the accomplishment of the original object. The physicians of the common school, who were ever anxious to press every case of disease

and all the changed and abnormal diseased conditions into a pathological livery, systematized the *Materia Medica* accordingly; and the more diffused their views of pathological conditions were, the more manifold were the classes under which the known remedies were arranged. In fact the Pathological picture-book of each succeeding school served for the foundation of a systematized *Materia Medica*. For inflammatory diseases, the antiphlogistic apparatus was brought into requisition; if it was the object of the school to imitate nature or the natural crisis, and if that crisis was thought to consist in sweat, the sudorifics were summoned to make the attack on the disease. When the kidneys were considered the tardy organ, their sluggish or suppressed action was held responsible for the disarrangement of the economy of life, and diuretics were marshalled to aid nature to restore the lost equilibrium; or one by one of the various agents were called into action, according to the notion of the physician, and he would summon a drasticum, or a nervinicum, or a tonicum, or an excitans, an irritans, a febrifugum, an ecboicum, a hæmostaticum, a resolvens, a sternutatorium, an antiscorbuticum, an anthelminticum, an emeticum, a purgans, a narcoticum, an absorbentium, an adstringens, an antispasmodicum, an emolliens, or an expectorans, &c., &c., to perform some specific duty in some one or more of the rebellious provinces of the organism.

As Homœopathists, we avoid all useless bandying of theories; we do not stop to define the nature of disease; we are fully satisfied when we give a simple definition of disease under a very simple formula, and we say "diseases are dynamic and virtual alterations of health;" this formula contains within itself the programme of an immense revolution in the domain of medical philosophy. Our definition of disease is very different from that of the allopathic or physiological or eclectic school; our law of cure not only differs from theirs, but is well defined, not based on vague empiricism; and in like manner it behooves us to seek and find for ourselves a classification of remedies. And in this particular

point, as well as in all other points, we find that a reconciliation between Allopathy and Homœopathy is forever out of the question. It is evident that while the various schools, acknowledging various laws of cure and various definitions of diseases, can have nothing in common, we cannot accept any of the previously-offered methods of classifying remedies.

The above propositions will be best understood by giving a short practical illustration.

If we look, for instance, at the sudorifics of the old school, it will appear very evident that a classification of that kind must be perfectly useless to us; and in like manner must all the other classifications prove to be so. We are made to understand that a sudorific—or, what is synonymous, a diaphoretic—causes perspiration by acting as an excitant. With our definition of disease, with our law of cure, we cannot be made to believe that it is ever our calling to *make* a sick person sweat. Suppose we are called upon to cure a patient who principally complains of sweating; according to our law of cure we must administer a remedy causing a similar effect on the healthy person—a so-called sudorific. We learn from the common classification of the common school that Eupatorium, Tart. em., Ipecac., Opium, Xanthoxylum, &c., are diaphoretics. What help is that to us? How can we reconcile our law of cure with the common-school classification of remedies, as we do not learn any thing definite about the different actions of the diaphoretics—as we do not learn which one of the sweat-producing drugs will be applicable in this our individual case? Were we to abandon our principles, our law of cure, and were we anxious to reconcile our school with one or all of the other schools, we would either have to administer one or the other of the diaphoretics, and one after another, till we accidentally relieve by the one or the other, or else mix a goodly number of them up and administer this mixture at hap-hazard. However great our anxiety may be to invent such a conciliating-amalgamation patent, our patient will most likely continue to sweat under this mixed practice. Our own school alone gives us light on the subject; and we

turn our backs on the sudorifics that *were*, and, true to our own simple but ever true principles and practical rules, we begin to examine our patient a little more closely. Our first question might probably be as to the locality of the perspiration—*Where* do you sweat: all over the body, or only on certain parts, and on what parts? We are informed that the patient sweats all over the body except on the head, and we mark as corresponding remedies: *Rhus tox.*, *Sambucus*, *Bellad.*, *Sepia*, *Merc. viv.*, *Nux vom.*, and *Thuy.*; we consider these remedies related under this condition. We next learn that the perspiration is very debilitating; and among the remedies marked above, on account of their similar locality, again *Sambucus*, *Merc. viv.*, *Sepia*, and *Nux vom.* As it is a characteristic symptom of *Rhus* and *Thuya* that the perspiration caused by them is not debilitating, they are left out. Having learned what the *locality* and the *kind* of perspiration the patient has, we now also learn the *condition*. The perspiration, as to *time*, is worse at night, and conditionally worse before going to sleep and after awaking. After the last twice-marked remedies we mark again *Merc. v.*, *Sepia*, and *Sambucus*. And when we finally learn that the perspiration begins in the face; that when the patient falls asleep the perspiration ceases and a dry heat sets in, we will not hesitate for one moment, and we cure the patient, according to his individual symptoms and under the law of the similars, with *Sambucus*. In the case here stated we would derive no benefit from the generalizing classification of the pathological school, nor from the generalizing classification of remedies of any other school; we must individualize as to locality, kind, condition, and combination. And if we have classified our remedies in all these directions and according to all possible individualities, we may well discard the generalizing attempt of the other schools to classify remedies,—discard them not only in this particular, but altogether.

And the source from which we derive this individualizing knowledge of drug-actions, enabling us to apply them for the cure of the sick, and our law of cure, is our *Materia Medica*,

based on the provings of remedies on the healthy. The knowledge of drug-action includes a knowledge of the relation of drugs one to the other; and as they are related, so do we classify them. The common school, in common with their excrement, the eclectic, classify according to their generalizing propensity; and, to return to the above illustration, they know only sudorifics. We know them as we know other remedies, and classify them in a similar manner. This similarity and relationship can be manifold, and remedies can be similar and relative, as they similarly affect the mind or certain parts (organs and tissues) of the body; or as to the kind of pain they produce; or as to the direction the pains take in the body, from one side to the other, or from the lower to the upper part of the body, &c.; or as to the conditions (heat, cold, rest, motions, time of the day, seasons, &c.) as to the combinations, &c. And we may carry on these individualizing subdivisions almost *ad infinitum*; and in fact the more we individualize, the better can we apply our law of cure. And such an effort to classify our remedies has been made by Dr. Von Bœnninghausen in his Therapeutic Pocket-Book; and this work indeed suggests the only useful manner in which a classification of remedies can be made. It may and will be said that such a classification is not "*scientific*," because not in harmony with the notions of the physiological school. If it is the sole object of the physician to heal the sick, such a classification, nevertheless, will offer the only available means to accomplish that object; all other classifications, based on generalizing principles, must fail to aid us in our ultimate object, which is to facilitate by a classification of remedies the finding of the curative remedy applicable under the law of cure.

## FINCKE'S HIGH POTENCIES. HOW PREPARED?

BY A. R. MORGAN, M. D.

It has now been several years since the medicines known as *Fincke's high potencies* were introduced to the Homœopathic profession. Yet, the precise method by which these medicines are prepared has been purposely withheld in spite of the direct interrogation of our highest medical tribunal, (The American Institute of Homœopathy,) whose inquiry Dr. Fincke at the last session cunningly evaded; in spite of repeated inquiries from earnest, honorable and high-minded men, who seek no object but the truth;—in spite of all these circumstances, the subject has been so enveloped in an atmosphere of obscurity and doubt, that few, if any, beside the astute gentleman himself, are the wiser therefor.

Nothing positively definite is known upon the subject. While all, I believe without exception, who have employed these preparations in rigid accordance with the rules laid down by the founder of Homœopathy,—that is, in strict allegiance to the law of similars administering the single remedy, and with the necessary individualization of both drug proving and symptoms of the patient,—unite in acknowledging their efficacy, yet, at the same time, there prevails a wide and objectionable difference of opinion in regard to the method of their preparation,—some claiming that they are carried up faithfully and rigorously in accordance with the method laid down in the *Organon*, by the centesimal scale, and known as the Hahnemannian method; others, that they are potentized by the dry globule contact method, referred to by Dr. Fincke in the *American Homœopathic Review*, vol. ii., p. 551; others again strenuously maintain and claim that they speak "by the card," when they confidently assert that they are made from low potencies or crude drugs, simply diluted by mixing at once, one drop of the drug with 99 or 99.999 drops of alcohol, thus making the 100th or 100.000th potency "centesi-

mally." Others claim to be in possession of "the machine" which is used to rush the process through with lightning speed, &c., &c., *ad absurdum, et ad nauseam*.

In this dilemma of conflicting notions, what shall we do? Let us see what Fincke says for himself upon the subject.

In an article on Lachesis he says, "The following provings with the one-hundred-thousandth high-dilution potency of Lachesis (Cm), which is a further centesimal dilution of the forty-one-thousandth centesimal-dilution potency used in the Lachesis proving reported in the Hahnemannian Monthly, vol. 1, p. 341, and the preparation of which is known from descriptions previously published."

Also he tells us, "in the course of our posological studies, pursued ever since 1849, by investigations and experiments with highly-refined medicines, for the purpose of discovering the *terminus ad quem*, if any, of the medicinal action and efficaciousness of homœopathic remedies, we have now reached the one-hundred-thousandth dilution (centesimally) and found that Lachesis Cm. produces not only curative but also probative effects upon the human organism. \* \* \* This Cm. potency is the result of potentiation by *actual dilution without strong succussion*. And this fact, together with the effects produced, confirms what has been stated heretofore, in regard to high-contact potencies, that succussion is not an essential element of high-potentiations."—N. Am. Journal of Hom., vol. xvi., No. lxi.

The superficial reader might regard these statements as conclusive, and innocently infer, that the Hahnemannian method, pure and simple, had been pursued. Another, reflecting for a moment, might detect a "feline quadruped of remarkable proportions" lurking underneath this mealy verbiage.

If Dr. Fincke had tried to use words to conceal the meaning of ideas, I think the above effort would be regarded as a success; for we by it are still left in doubt as to whether he claims to have adopted any thing like the Hahnemannian method.

He says that cures and provings obtained from the use of these attenuations verify the presence of the "*drug substance*," and "prove the fact of *the physical existence of the remedial matter*, in its highest potentiated state of dilution and refinement hitherto obtained." He also says the results from these high-dilution potencies confirm what he had previously said in regard to the high-contact potencies—leaving us to infer that the former are potentiated by contact with a liquid drop of the drug, without shaking or succussion.

He says that potentiation is "development of power by dequantitation and refinement."

He talks incessantly of "high-potencies," and at the same time links them with "infinitesimal particles of matter."

What does he mean—that the physical existence of the (original) remedial matter can be detected in the high-potencies prepared according to the Hahnemannian scale, say from 30th to 200th? This is too palpably absurd to be credited. Hahnemann himself did not attribute the curative powers of drugs to "the physical existence" of the drug, but expressly and repeatedly asserts otherwise. To quote one out of numerous instances familiar to every student of the *Organon*, § 85, "curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a *dynamic influence*," &c. But this is a discussion irrelevant to the subject in hand—Fincke's method; and we will only say that we admit "the physical existence" of a material substance throughout a solution, dilution or mixture, containing one drop of a drug to even 99,999 drops of alcohol, provided it be shaken, but that would only correspond in quantity to the 4th Hahnemannian, or centesimal attenuation. It would not be what by common acceptance is termed a *high-potency*, at all; on the contrary, quite low, and therefore we pause again in utter bewilderment, in the attempt to solve the Fincke enigma.

Then, again, we ask, what amount of "the physical existence of the remedial matter" will remain with globules potentiated by the "dry contact" method, particularly if the origi-

nal medicated globule has been removed? What does he mean when he talks of the physical existence of drug substance in the 100,000th high-dilution centesimal-potency?

All this confusion and uncertainty could easily be set at rest so far as he is concerned, by a simple plain statement of facts—justice to the cause and to ourselves demands it.

Shall we then still continue in blind submission, folding our arms and holding our peace, while the nostrum-maker laughs in his sleeve and rides on in triumph?

I trust not. The storm of indignation is rapidly gathering; will he be warned in time?

What can professed teachers of Homœopathy, in our medical schools, say to the student, on this subject?

Nothing, but that we are deliberately led by the nose along a path we know not.

Now, it matters very little what Dr. Fincke's private opinion is upon this subject; so far as he, personally, is concerned, we care not. The interests of humanity are at stake—and one thing is inevitable—the time has arrived when the dignity, honor and good name of the profession at large, forbid us longer to submit to insult and outrage; for it is an insult of the keenest edge and an outrage of the broadest scope, to ask intelligent, reflecting and educated men, who lay claim to the high prerogative of lifting the subject of therapeutics from the chaos in which it has been long buried, and who assume to place it in an elevated position among the rational and fixed sciences—a downright cool and unequivocal insult and outrage upon common sense, to ask us to bide *his* good time, to submit patiently, like little children, until his imperial judgment and royal will decide that the proper time for the *revelation* has come.

I would kindly and respectfully ask, is the private caprice of B. Fincke, M. D., to be weighed in the balance against the interests of humanity and of the hundreds of Homœopathic physicians who have demonstrated in thousands of instances, the efficacy of the Fincke potencies and who frankly acknowledge it?

If so, darker days have come upon us even than in the times of the "*metallic tractors*" and "*tar-water*" delusions.

The only attempted explanation I have heard for the glaring non-professional method resorted to by Dr. Fincke, is the frivolous excuse that the process was *so simple that people would laugh at it!*

Shade of Hahnemann! (we humbly beg pardon for introducing so illustrious a name in so disreputable a connection,) what a pretext! When before in the history of great discoveries, has the discoverer withheld his boon, for fear people would "laugh at it?" Why not let fools laugh? As it is, wise men may well laugh at us for being willing dupes to so stupendous a folly. If Hahnemann had been so thin-skinned, that the fear of being laughed at had sufficed to deter him from announcing his grand discovery of potentiation, mankind would have been so much the worse off, and we should be groping to-day in the obscurities of old physic.

If necessary, we might quote the precedent of the enthusiastic Jenichen, (whom Fincke styles the *great Potentiator*,) who it is said confided carefully the guardianship of his secret method to a distinguished colleague with the avowed purpose of making a revelation when the proper time came, but who, alas! has since kept his lips closely sealed, not even bestowing the poor reward to be derived from publishing a solitary cure by the said remedies. "*A Godfather forsaking his God-child.*"

We suspect, however, in the present instance, the existence of a more plausible and still less honorable explanation,—a *mercenary one*. "Whipping the devil around the stump," or vending nostrums from a neighboring house, at *extortionate rates*,—as is proved by the recent remarkable reduction in the price of these preparations,—is rather a significant item in the history of the Fincke potencies.

Let Dr. Fincke come forward ere it is too late, if he would save himself from the general denunciation of the profession; and if he would redeem his name from the lasting opprobrium which must attach to all, who while claiming to belong to the honorable fraternity of physicians, indulge in the notorious charlatanism of vending secret medicines. The American Institute has already expelled one member at least, for *contumaciously persisting in such a practice!*

## CLINICAL CASES.

## POST-SCARLATINAL PAROTITIS.—DYSPEPSIA.

BY WM. E. PAYNE, M. D.

The following was a case of inflammation and hard swelling of the left parotid gland—the sequel of *scarlatina*. The patient, a girl some six years old, had flaxen hair, hazel eyes, and fair skin. During the febrile and eruptive stages of the disease, the child was under allopathic treatment; but, before the desquamative process was completed, was taken out and carried some twenty miles to her own home. The succeeding night was restless, and in the morning the child complained of stiffness of the neck, and pain in the left articulation of the jaw when moving it. There was tenderness to touch, and evident swelling in the region of the parotid gland of that side, with considerable febrile excitement. Extreme ill-humor.

In consideration of the character of the primary disease, which, from the mother's account, I judged to have been genuine, smooth, Sydenhamic Scarlatina, I gave *Belladonna*; but the disease went on—the febrile excitement kept up; the swelling increased; lancinating pains appeared; the surface reddened; and on the fifth day there were unmistakable signs of suppuration in the heavy, pulsative pains, and softening feel of the swelling. *Hepar sulph.* was now substituted for the *Belladonna*, with the view of promoting suppuration, and a simple bread-and-milk poultice applied to the part. On the fourth day, making the ninth of the disease, the abscess was opened by a free incision, and a large quantity of pus discharged. The febrile symptoms now abated, the tenderness and irritability of the periphery of the gland subsided, and the case presented a very satisfactory appearance. The improvement, however, was of short duration. Notwithstanding the continued discharge from the opening, in about a week, and without any assignable

cause, the gland again became irritable and painful—tender to the touch, swollen, and very hard, with return of febrile symptoms, rapid pulse, hot skin, and diarrhœa which continued for thirty-six hours. The incised edges of the opening became prominent, smooth, and glassy, as in fistulous openings; and the discharge thin and acrid. The swelling was not now limited to the gland, but involved the surrounding tissues, and extended to the face. Ill-humor returned.

On reviewing the progress of the case, it was doubtful whether the disease was in any way influenced by either the *Belladonna* or the *Hepar sulph.* The same results might have been not unreasonably looked for if the case had been left wholly to the unaided efforts of nature. Nor did *Mercury*, in any of its forms, *Carbo vegetabilis*, *Carbo animalis*, *Ammonium carbonicum*, *Baryta carbonica*, *Acidum nitricum*, or *Conium maculatum*, offer a fairer prospect.

In cases resembling this, which I had occasionally seen in the course of my practice, no very satisfactory results had followed the employment of either of the above-named remedies; and from the tediousness of the recoveries and the imperfect restoration of the parts as shown by the remaining unsightly scars, I was in great doubt whether the remedies used were of any avail.

In the proving of *Bromine* we find "*swelling and hardness of the left parotid gland, the swelling feeling warm to the touch. Stiff neck in the morning; left side of neck stiff and painful. Extreme ill-humor.*" These symptoms, resembling so strongly the symptoms of the case, decided me to make trial of *Bromine*. Accordingly, the thirtieth potency was given in the morning, and repeated every three hours during the day. The succeeding night was passed much more quietly, and the following morning the whole aspect of the case was changed for the better. Four days later, the tenderness and swelling had nearly disappeared; the discharge had ceased; and the opening, which before was unhealthy, with swollen edges and irritable, had now nearly healed; the child was bright and active, the appetite good, sleep quiet,

and the alvine and urinary excretions were natural. There is at this time no trace of hardness, and no scar to show that disease ever existed in the part.

Now, this was doubtless a *Bromine* case in the beginning; and had *Bromine* been used in the outset, the development of the disease, and consequent suffering, might have been prevented. But would the lesson have been so forcible?

Nettie N., aged twenty-one years; small; temperament nervous; hair and eyes light; skin freckled. Has been dyspeptic for several months. Now (July 2, 1867) suffers from all kinds of food, even the most simple, and in the smallest quantity; a few mouthfuls seem to fill the stomach to repletion, though the appetite remains good. *Fulness in stomach and abdomen after eating, obliging her to loosen her clothes, with flatulent rumbling and frequent eructations*; worse after dinner, and in the evening; constipation; menses every two weeks, and excessive; fearful and apprehensive; dreads company, and shuns it; head heavy and dull; frequent waking at night, and sleep unrefreshing; mental symptoms worse after sleep. When recording the symptoms of this case, the statement that there was "*great fulness of the stomach and abdomen after eating, even a very little, obliging her to loosen her clothing, with flatulent rumbling and frequent eructations,*" called to mind *Lycopodium*; and on examining more critically the symptoms of this drug, they were found to correspond so nearly with those of the case, it was selected with much confidence of success.

Fourteen powders were prepared, the first six of which were medicated with the 1400th potency of *Lycopodium*, and the remaining eight were Sac. lact. simply: one powder was to be taken dry upon the tongue every night and morning, the six medicated to be used first. On the eighth day the patient reported herself much better. The symptoms were all moderated, and especially the moral condition. *Sac. lactis* for another week, at the end of which time she reported herself still better. The *Sac. lactis* was continued, with directions to report at the end of the week, which she did, and

that the symptoms remained the same as at the last report. The same potency of *Lycopodium* was repeated; but the next report was that she remained the same as before. The symptoms were not changed essentially, but moderated.

It was evident to me that the 1400th potency of *Lycopodium* had exerted a favorable influence upon the case, for the patient affirmed that she was better than she had been for months; but it seemed to have no further power. The question now arose, Shall I search for another remedy, or try a different potency of the same? and if the latter, shall I go up or go down? I decided to first go down, and in case of failure here to go up again, before abandoning the *Lycopodium* for another remedy. Accordingly, the 30th potency of *Lycopodium* was given. The next report, made in two weeks, was that she considered herself well, and thought she needed no more medicine. Upon a critical examination of the case, however, it was found that the last menstrual *interim* was but three weeks; and she was advised to consider herself under medical treatment till this function should be restored to its normal condition, which happened at the next period without a change of remedy or potency.

The chief interest of this case is doubtless in its bearing upon the question of potency. I have other experiences and observations touching this point, which may be from time to time given to the profession; and I would most earnestly invite my professional brethren to publish their observations upon the same subject.

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#### A LITTLE EXPERIENCE WITH GUERNSEY'S KEY-NOTES.

BY R. C. SMEDLEY, M.D.

**SORE NIPPLES.**—On Sept. 11th I was called to see a lady suffering with sore nipples. There were cracks across the crown, not deep, but wide. When the babe was applied, the pain, which she described as almost unbearable, would shoot through from the nipple to the scapula. This pain Professor

Guernsey mentions in his work as characteristic of *Crot. tig.* I gave three powders of Dunham's 200th, one to be taken each day. At the end of the third day she told me she had had no pain through to the scapula since taking the first powder; but there was still soreness, especially when the baby commenced to draw. For the cracks across the crown I gave two powders Sep.<sup>300</sup> (Dunham's), one a day. About five days after I learned from her husband that she had much improved, and was nearly well.

AFTER-PAINS.—On Sept. 18th I attended a lady in her third confinement, who had suffered very much with after-pains after the birth of her second child. On visiting her next day she said she had slept scarcely any the night before, and could obtain no ease in any position that day, the pains were so severe. They were drawing, contracting, stitching, shooting, extending from back down into the glutæi muscles. These symptoms I found under *Kali c.* I gave one powder of Dunham's 200th, and another to take in twelve hours if the pains remained unchanged. They soon abated, and in a few hours were not felt at all in the glutæi muscles. Pains continued in the uterine region, but no more than were considered natural, while the uterus was expelling the clots and returning to its original position.

CONSTIPATION.—A lady who has been habitually costive for years, and for the past year seldom had an evacuation without using the syringe, and for two months or more had nearly always to take three injections before effecting an expulsion of stools, which were dry, hard, and lumpy, in balls, requiring much straining, which seemed to bear but little upon the contents of the rectum, showing its great inertness, was given a powder of Alumina<sup>300</sup> for two mornings. On the third morning one injection was sufficient, there being a copious evacuation; the same the following two mornings; after that the bowels were freely moved without aid; they became daily looser, until a diarrhoea set in which had to be checked. Since then they have been regular and natural every day.

I may add that I had given the Alumina before for that inertness of the rectum without any benefit whatever, but I gave it of the sixth attenuation. I had also given the old and well-tried remedies, Nux and Sulph., from the first to the thirtieth, but without the desired results. Also Op., Plumb., Podophyl., Leptand., and Gamboge, all low, the latter only moving the bowels when given in from one to two grain doses repeated night and morning. I gave this, repugnant as it was to my feelings, until it failed to produce any thing but nausea and pain.

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#### INTERESTING CASE OF CURE WITH A SINGLE REMEDY.

BY R. WALTER HEURTLEY, M. D.

C. O., æt. twenty-two; bilious-nervous temperament; private United States army. Was taken last January while in Texas. Had previously, for many weeks, taken Quinine and whiskey daily, the garrison being located in a swampy district. His disease was called "dumb ague with bilious fever." Was in the hospital at Galveston four weeks, rapidly running down. Thence he was sent to New Orleans, where, in a charity hospital, under the care of one of the Sisters, he rallied a little. In April, he set off towards home; but was so weak and ill, as to be delayed for several weeks together at Baton Rouge, Natchez, Vicksburg, Memphis, and St. Louis—now in a military hospital, at another time under private care; but everywhere dosed with Calomel and Quinine. At Vicksburg he was delirious for three days; during which (as the nurse afterwards informed him) he received double doses of the inevitable Quinine. Finally, by slow stages and at long intervals, he reached Newburgh on the 10th of October, growing gradually worse, until I was called in to see him on the afternoon of the 14th. The delay of four days was owing to the wish of his family to call in an Allopathist; which he had resisted, on the not unreasonable plea that as the prac-

tice so far had only just failed to kill him, he preferred other treatment, or to be allowed to die in peace.

On my arrival, my patient was lying on a couch, unable to rise without extreme pain all over, vertigo and nausea. Face haggard, of a dingy-yellow tint, and having an expression of despair. The whole body much emaciated. Complains of great restlessness, from aching in limbs and back; soreness and pain in the head, with roaring in the ears, aching in the orbits and jaws; soreness of nasal cavity, with copious secretion, especially at night, of greenish, stringy mucus, which he pulls out with his forefinger. The lips, after a short, uneasy sleep, are generally stuck together. Burnings in throat and epigastrium. Cravings, without appetite. Constant thirst. Extreme tenderness on pressure, with some swelling in hepatic and splenic regions. Abdomen generally swollen and tender; constipation. Has passed but a very small quantity of fecal matter, on one occasion, in ten days. Constant tenesmus vesicæ with frequent passage of very dark, thick, offensive urine. Severe chills, at irregular periods, generally once a day, and in the forenoon. They begin in the nape of the neck, pass down the spine, then across the chest and bowels, and down the legs, and last from three to five hours. There is a sense of internal coldness, with external heat. The chill is succeeded by fever, accompanied by drenching sweat and insatiable thirst, tossing and groans, succeeded by a heavy, broken sleep, with mutterings and exclamations. *Prescription*: Nat. mur. 200, six gr. in six table spoonful of water; one table spoonful every two hours.

15th October. Slept better last night. Symptoms generally abated. Had a copious, painless stool in the afternoon; urine clear. Feels encouraged. *Prescription*: Rep., Nat. mur.

16th. Doing well. Slept comfortably. Bowels again relieved freely; feces formed; urine less frequent, with slight tenesmus; tongue cleaner, expectoration slight, abdominal tenderness gone. Rep., Nat. mur.

17th. Greatly improved every way. Face looks natural in expression and color. Appetite good; took plain gruel and boiled rice with relish. S. lact.

18th. Found my patient in a sunny, but sheltered spot in the garden, in good spirits, feeling much better. S. lact.

20th. He took a short walk in the street with comfort and advantage, and thenceforward continued to improve rapidly.

## DEPARTMENT OF MATERIA MEDICA.

W. JAMES BLAKELY, M. D.

*The Selection of the Remedy Practically Illustrated.*

We propose in this paper to consider the subject of the selection of the remedy from a practical stand-point. Having previously given the theory of the selection, we will now furnish practical illustrations by means of cases in which the remedy has been selected according to the characteristic symptoms which distinguished both it and the case for the cure of which it was applied. In all of these cases we may remark here, but one remedy was employed at a time, and, with one exception, high potencies were used.

With regard to these two points, we deem them of no less importance than is the law itself, and we believe that time and more extensive experience will prove them, beyond the possibility of doubt, to be essential attributes of our system. Should we view the subject of the single remedy from a clinical stand-point alone, we must admit the superior advantages it gives us; for where several remedies are employed at the same time, it becomes impossible to determine the curative agent. With regard to alternation, but very few defend it on principle; expediency and the imperfect condition of our *Materia Medica* are the reasons offered by those who indulge in this practice. But though our *Materia Medica* be not so perfect as we would wish it, let the young physician but study it conscientiously, and he will find it not only practicable but easy, as well as infinitely more improving, to prescribe the single remedy. We believe further, that he who employs but one remedy at a time, and studiously endeavors to apply it in accordance with the provisions of our law, will ultimately discover the necessity of diminishing the size of his doses, and that experience and increasing success will prove to him the wisdom of his course. By doing so he will not only avoid those medicinal aggravations which necessarily follow the

administration of large doses, upon the principle of *similia*, but will find his patients more rapidly, easily and permanently cured. In detailing the cases, as much attention will be paid to brevity as the importance of the subject will admit.

CASE I. Miss E. N., æt 15. This patient came under treatment on the twenty-third of February, 1867. Upon the left leg and foot I found five indolent ulcers, three on the leg below the middle third, one on the back of the heel, and one on the right ankle. They had appeared in September of the previous year, without any apparent cause. There was considerable discharge from, and burning in, the ulcers, which were the only symptoms complained of. I gave her *Ars.*<sup>30</sup> a powder morning and evening until March 11th, when I found her worse in every particular. At that time "pain when walking" seemed to be the only symptom beside the discharge, which was more profuse. I prescribed *Bry.*<sup>30</sup> to be taken morning and evening. On March 30th I found no improvement whatever. After a very careful examination, and after much cross-questioning, I secured only this one symptom: the pains in the ulcers are *worse during rest after motion*. She now received *Rhus. Rad.*<sup>200</sup> in water, a teaspoonful morning, noon and night. In two weeks she was very much improved, and in four weeks the ulcers were entirely healed, three leaving no mark, and two leaving a faint blue mark which, I presume, has since disappeared.

CASE II. Rev. P. K., æt 45. A large indolent ulcer upon the inner surface of the right leg, with irregularly shaped edges; in size it was two and a-half inches long, one and a-half inch wide, and one-half inch deep. The only symptom complained of was: *great pain during rest after motion*; better during motion. He received *Rhus Rad.*<sup>200</sup> one dose followed by *Sac. lac.*, and in one week the ulcer was entirely healed and has remained so ever since. In these two cases the great paucity of symptoms will be noticed; the pathological homœopathist would have been obliged to treat them on "general principles," while he who required the totality of symptoms, would find but a small totality to

guide him. But the scientific homœopathist finds in them a symptom peculiarly characteristic: they are not worse during motion nor during rest, but during rest *after* motion. This he knows to be characteristic of a certain remedy, administers it, and cures his case *cito, tute et jucunde*.

CASE III. J. L., æt 63. This case illustrates in a remarkable manner the success which follows the administration of the true, homœopathic single remedy. The patient had suffered during thirty years with indolent ulcers, with which the entire right leg was covered. They were large, with indurated edges, and discharged a great quantity of very foul pus, so that the greatest cleanliness alone rendered it endurable. The foot and leg were completely covered with scales, and were of a bluish black color. The ulcers had been repeatedly healed by ointments, and invariably had to be reopened, as each time he was attacked with sickness which endangered his life. For many years careful ablutions and lint have been the only applications. The pain was very great *during motion*, relieved by rest. He received Bry.<sup>3</sup> several times a day, and at the end of three weeks these ulcers of thirty years standing were entirely healed, and remain so to this day, a period of nearly three years since I discharged him. He has frequently told me that he enjoys better health since his cure than he had for thirty years, and that, if necessary, he could walk twenty miles. It is worthy of note that no unpleasant consequences followed the closing of the ulcers; also that the cure can be attributed to no previous medicine, as he had taken none for many years; neither to diet nor cleanliness, as he had always been particularly careful on these points.

CASE IV. Rev. F. M. W., æt 34. Chronic coryza of twenty-five years standing. Bilious lymphatic temperament; addicted to strong coffee and immoderate smoking.

Symptoms: Excessive discharge of whitish and greenish mucus through the posterior nares for twenty-five years, much worse during the past six months. Worse after drinking coffee and water; after a short walk; after breakfast; after

becoming heated; when he has a cold; particularly worse in the morning on awaking, at which time there is a great deal of mucus in the throat. After drinking coffee and after breakfast the mucus is more difficult to dislodge. Better after perspiring during exercise; then the mucus comes down more easily. At other times there is great obstruction of the nose, and the mucus is discharged with difficulty, and, when it descends through the posterior nares, produces nausea and vomiting. Bad odors produce nausea with discharge of mucus. Great liability to take cold; perspires very easily. Is constantly clearing his throat, which causes hoarseness and roughness of voice. When drinking any thing cold, he imagines that cold water is running down over the right parotid gland. The mucus has a sweetish taste; except when he is bilious it is bitter, and when he has a cold it is salty. The foregoing are only a portion of his symptoms, and it would be hard to find a remedy containing them all. But we find that *Sulphur* is particularly applicable to this class of temperament, and that it produces this form of coryza. It has the aggravation after eating and after drinking coffee; aggravation in the morning; liability to cold and easy induction of perspiration; sweetish-tasting mucus and amelioration after perspiring, all of which were characteristic of this particular case. . He received Sulph.<sup>55m</sup> one dose, Sac. lac., twice a day. One week after he wrote me as follows: "Since I have taken it (the medicine) I had a very slight sensation of vomiting on the second morning, but never since. I feel greatly relieved, particularly in the morning. On the whole I am fast improving: of that I am certain." I continued Sac. lac. during two months, at the end of which time I discharged him perfectly cured. Since that time two years have elapsed and he still remains well.

CASE V. A. C., æt 26. Valvular disease of the heart and rheumatism. Symptoms: Pains in the region of the heart, sharp, but not lasting or severe. Sensation as if the heart were constricted, with oppression of the chest and difficulty of breathing. Palpitation after exertion, with hurried

respiration, smothering and sighing. The sighing continues a long time, is involuntary and uncontrollable. During, and after motion, palpitation of the heart, always followed by extreme exhaustion, he is obliged to lie down and rest, after which he feels better. Rheumatism of limbs, chest and back for the past three years; the pains in chest are fine, piercing and darting, more troublesome than painful. The pain in the lumbar region is severe and laming, lasting several days; not so severe after the first day. Pains in the limbs are of a tearing character. The rheumatism is almost constant, and is caused by dampness, change of weather or by getting wet. Appetite generally poor; the sight of food takes away all desire for it. Craving, hungry feeling about an hour before noon, with loss of appetite at noon. Perspiration after the slightest exertion, even during perfect repose, also at night while asleep. Night and day sweats always cold; perspiration condenses on the skin, and produces coldness and shuddering even in the warmest weather; after this he has pains in the various parts of the head and chest, shooting pains in the temples, flying pains in chest, sides, back and neck. Constipation, stool at first difficult, with hard feces, afterward assumes a diarrhoeic character (same stool) with straining. After stool, extreme weakness and prostration, with vertigo and dread of falling on rising. After stool, weakness and pains in the limbs, especially the lower. Weakness of the chest over the sternum, with pain. Slight cough, lasting a short time, and ceasing upon the expectoration of a ball of tough mucus. Scarcely any sleep at night. These symptoms are nearly all contained in the pathogenesis of *Sulphur*, but after examining that remedy more particularly, we find that the following characteristic symptoms of the patient are equally characteristic of the drug. Great exhaustion after stool. He has an appetite, but as soon as he sees the food his appetite disappears. Excessive prostration. Great hunger about 11 A. M., disappearing at noon. She breathed with difficulty, had not air enough, with palpitation of the heart; worse during motion, relieved by lying down. The

patient, therefore, received Sulph.<sup>16m</sup> one dose. This was followed by refreshing sound sleep; stool the next morning, easy and natural, free from vertigo, weakness or faintness, and a gradual disappearance of all the above symptoms. During more than two years he has had no rheumatism, and had been free from the heart symptoms given above.

CASE VI. Mrs. W., æt 46. Cholera morbus. Has been ill two days. Thin, very foul smelling stools every fifteen minutes. Constant vomiting and purging. Aggravation at night. Great thirst, drinks often, but only a small quantity at a time. Burning in the stomach and bowels. I did not see the patient, and the messenger reported only the few symptoms given above; but which are, especially the character of the stools, of the thirst and of the aggravation, highly characteristic of *Arsenicum*. She received therefore Ars.<sup>200</sup> in four ounces of water, a teaspoonful every two hours, after which an immediate recovery followed without further medication.

With this case we will close our article. We trust we have, in our first paper, clearly shown how the remedy *ought* to be selected in order to comply with the law of cure, and in order to insure success. In the present paper, we hope the practical illustrations we have adduced will convince the young physician that there is only one homœopathic method of selecting the remedy, and that that one is the one we have presented. We assure him that it can be attained, but only by patient study and investigation, and that if he adopt it, he will soon emerge from the darkness of doubt into the clear daylight of certainty and scientific exactness.

HOW WOUNDED SURFACES ARE TREATED IN  
EUROPE.

Read before the Philadelphia County Homœopathic Medical Society,  
Oct. 17, 1867.

BY BUSHROD W. JAMES, M. D.

Feeling it an obligation during my tour through Europe to note all that could be observed in the line of improvements for the amelioration of afflicted humanity from whatever source it could be obtained, whether in Homœopathic or Allopathic institutions, with regard to the branch in which I am particularly interested, viz., surgery, I did not hesitate to visit hospitals of almost every description. From these notes I will offer but a few observations to-night and will confine myself to the treatment of wounds. In several of the European Military Hospitals, I noticed that the cold water dressing similar to that which was adopted during our late American war, and found in a vast majority of cases pleasant to the patient and successful in its results, was in very general use.

A new mode of managing these cases was, however, being tried in the Glasgow Royal Infirmary which had been, up to the time I was there, eminently successful. It was called the Antiseptic treatment, and the agent which was in use, to bring about the beneficial results claimed for it, was carbolic acid.

To the eminent surgeon, Professor Lister, is due the credit of introducing this novel mode of treatment.

In its application, I will take for an illustration one of the cases shown me—a compound fracture of the inferior extremity. The pure fluid of carbolic acid was first used, and was, as far as possible, applied to every part of the lacerated surfaces; not only by covering the external parts, but by pressing a piece of lint or linen, thoroughly saturated with the acid, deep down into the wound, by means of the forceps

used in handling the lint, covered with the acid, for it is not desirable to have the skin of the fingers roughened and hardened, which generally results from putting them into the acid. A putty, made of prepared chalk or whiting and boiled linseed oil (to which one part of carbolic acid is added to every four parts of oil), which was rolled out with a rolling-pin into a smooth, soft, doughy cake about an eighth or quarter of an inch in thickness, and laid over the parts and extending well around them. The putty, after being rolled out, is generally laid upon tin-foil, which is made still stronger by adhesive plaster, and then applied over the wound, which is already covered with the lint wet in carbolic acid. After about twenty-four hours had elapsed, the wound was examined, and a fresh application made to it, consisting of one part carbolic acid to four parts of boiled linseed oil; and again covered with the fresh putty and tin-foil as before. This is then permitted to remain on altogether unless it should become soiled by any discharge, in which case a rag dipped in the oil and acid mixtures is ready and is slipped on to the wound instantly, as the other is removed; the idea of so doing being to keep the air from coming much in contact with the wound. In the course of about three weeks, or in some cases sooner, an acid mixture, made one-half or two-thirds weaker, is applied, and continued until the bones are united and the external wound healed.

It is a remarkable fact that no suppuration of any moment takes place in this mode of treatment. In all the cases that had been treated in the hospital, no suppuration occurred after the first day or two, and all that were under the treatment seemed free from pain, while the elegant hospital itself was most cleanly and free from the usual unpleasant odor of surgical wards; this mode of managing the wounds conducing to the latter result.

All contused and lacerated wounds were treated in the same way, and a very slight modification made for abscesses, —the knife was wet with the mixture (carbolic acid one part to boiled linseed oil four parts), and thus plunged into the

abscess; while a bit of lint or rag, saturated in the same fluid, was slipped over as soon as the knife came out, and when the pus was all evacuated the wound was covered as in other wounds, and the same kind of putty used.

Amputation flaps and other incised surfaces are first washed off with a solution of carbolic acid and water, one part of the former to about twenty of the latter; the flaps are then brought together and a linen or surgeon's lint covering, dipped in the same solution, is laid over the stump, and the putty and tin-foil, as before described, enclosing the whole.

The importance of not permitting atmospheric air to get into or remain in wounds, seems to be well exemplified not only in this carbolic acid treatment which seems to destroy these atmospheric infinitesimal living organisms, but also in the pneumatic treatment, which was being tried in the Hotel Dieu of Paris, when I was there, for amputated cases; the main feature of which is doubtless to prevent the atmospheric air from being in contact with the incised surfaces, and in this manner prevents, as in the other treatment just described, suppuration from the wounded surfaces.

The apparatus consisted in a long cup of gutta-percha, one end being made of such a size and shape as to fit over and around the stump, and at the outer extremity made gradually tapering. A rubber tube extends from a small opening in the outer end of the cap to a large bottle or jar and passes through the cork. Through the same cork passes another pliable tube, and on which has somewhere along its course a stop-cock attached, and the other end of the latter tube is arranged so that it can be fitted on to an air-pump.

After an amputation, when the arteries are ligated and hemorrhage has all ceased, the flaps are brought together and secured simply by adhesive strips, (no sutures being used,) and then this gutta-percha cup, made so as to closely and neatly fit the limb, is slipped up over the stump, for several inches. The air-pump is then applied to the free extremity of the outer tube, and the air then pumped out of the jar, and of course out of the gutta-percha stump covering

at the same time; and when the air is well exhausted, the stop-cock can be turned and the tube detached from the air-pump. Any discharge that may result from the cut surfaces runs down through the tube into the glass bottle entirely away from the wound: little suppuration, however, occurs.

We all admit that the air becomes impregnated with certain acting terrestrial emanations, differing in different localities and at different periods. We have the various malaria generated and sent floating into the air, and by being inhaled by man, producing dangerous forms of disease such as congestive fever, intermittent fever, &c. We have likewise the contagious elements arising from such affections as variola, typhus gravior, &c., emanating originally from some unknown source, but now, being inhaled with the air containing them, also produce their respective character of malady in the human system.

Now how shall this world of imponderable life be brought to light? How shall we discover these as yet hidden animated existences or germs, as the case may be? The microscope, it is true, discovers to us worlds of minute living things all endowed each with its individual existence, and that living frame-work containing organs, which perform the various functions required of them, to sustain life; small as that compass is in which said life is exhibited. But the microscope stops far too short of the object we require of it, in making known what these floating atmospheric germs, so fatal to the human family, really are. An instrument or series of instruments must yet be discovered, and I have no doubt but that such will be brought to light, to exhibit to us this minute vegetable germ power or force, and the minute animal germ power, and probably also dissect even the electrical current and the nervous fluid, as well as show us wherein lies the power of inert substances to become mighty remedial agents, by the simple art of dividing their component particles.

When we come, by the respective instrument necessary

therefor, to divide the atmosphere down to its real minute particle composition far more definitely than the elements that chemistry resolves it into at present, such as oxygen and nitrogen, and observe the *malarial* ingredients in all their varied and almost innumerable forms, and are able to classify and arrange these ingredients and see their development or destruction by heat, cold, &c., much more minutely, and when likewise by another form of apparatus (or probably by the same) we come to look at the change of form of particle of a drug or medicine by divisibility, as we are producing this result, does it not appear plausible that the observer may discover the play of the drug upon the malarial elements that are acting to produce the diseased condition, instead of upon the tissues themselves.

Then will we see and know what disinfectant agents are, what prophylactic remedies are, and how they act. Then will we see why sulphurous acid gas is a more powerful disinfectant than the everywhere lauded chlorine gas, and why carbolic acid is called an antiseptic and disinfectant, and in what an *antiseptic property* consists.

In conclusion, I will state that I think it will not be surprising, if the medical world should some day discover that the proper restoration of diseased condition of malarial diseases to a normal state, is ordinarily effected by the destruction of vast masses of malarial life, which, somewhat like a swarm of grasshoppers upon green foliage, eat out human tissues and human life in what we call disease.

PHILADELPHIA  
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY,  
BUSHROD W. JAMES, M. D., SCRIBE.

The October meeting of this Society was held on the 17th, Dr. GARDNER in the chair.

The minutes of preceding meeting were read and approved.

The *Committee on fee-bill*, etc., reported progress.

W. L. ARROWSMITH, M. D., and A. R. MORGAN, M. D., were proposed for membership by Dr. Lippe, and JOHN BUCK, M. D. by Dr. W. H. Smith. Under a suspension of the by-law they were unanimously elected to membership.

PROFESSOR LIPPE then read a short, able and very interesting paper entitled "The Classification of Remedies;" prefacing the reading with a few pertinent remarks.

The thanks of the Society were extended to Dr. L. for his essay. (Printed in another part of this number of the Monthly.)

The discussion on the above paper was then proceeded with; Dr. B. W. JAMES expressing a desire to have that interesting subject thoroughly discussed, before his paper on the "Treatment of Wounds," also announced for the evening, should be read.

Dr. FROST said he had not much to say on this subject; he would merely offer a few words to open the discussion. The classification of remedies is a matter of far greater interest and importance in the Allopathic than in the Homœopathic School; since classification has especial reference to generalization, which suits well enough with Allopathy, but which is entirely foreign to the genius of Homœopathy. Perhaps the most useful method of classification is that adopted in a clinical repertory, in which the remedies are arrayed under many different heads. This classification of Homœopathic remedies may be purely pathogenetic; or the pathogenetic indications may be confirmed by the results of clinical experience; such is the method adopted by Boenninghausen. A method which, while greatly facilitating the selection of the remedy in a particular case, is far from being infallible, or entirely free from objections.

Dr. J. C. MORGAN wished to know in what part of Boenninghausen's Pocket Book the classification of remedies, referred to by Dr. Lippe, is to be found. He had not been able to perceive, in the English translation, any thing that looked like a classification.

Dr. H. N. MARTIN understood Dr. Lippe to say there is no arbitrary classification of remedies possible. He desired to endorse this. Every physician, however, if he be a thoughtful man, must necessarily make a classification for himself. We compare one remedy with another; one group of symptoms of a drug with those of another, for the purpose of assisting our memory. Thus every physician makes his own classification, and there is probably no two alike.

Dr. DAVID JAMES said that if he understood correctly the classification proposed by Dr. Lippe, it is to arrange remedies by key-notes or by confirmed symptoms, and that by these they are to be classified. It appears to be a conceded point that no arbitrary classification can be made correctly.

DR. H. N. GUERNSEY.—It is impossible to make a useful classification of remedies except it be done after the method commenced by Bönninghausen. We examine a patient thoroughly; get all the symptoms of the case that are to be had, and then prescribe. If we have selected the right remedy and the patient gets well, it is all right. If, however, the patient does not improve as we think he should do, or if, while part of the symptoms improve or disappear, others remain unchanged or become worse, we then know that we have not selected the exactly right remedy. Now our first remedy was one of a class, according to Bönninghausen's method, and if we turn to the concordance and look under the head of that remedy we will find what others are its nearest analogues by their appearing in the largest type, and in all probability we will find among these, the one that is exactly Homœopathic and that will of course positively cure the totality of the symptoms. Take, for instance, *Causticum*. If we think, from the symptoms, *Causticum* is indicated, and it fails us, we look under that remedy for those in the same class. We take those in the largest type first. Nine times out of ten we will find the remedy we want to be one or the other of them. If not, we must look at those in the next largest type, and so on. I endorse what has already been said,—it is impossible to make any valuable arbitrary classification.

DR. J. C. MORGAN would again repeat the question he had asked Dr. Lippe. He did not know of any attempt at classification in Dr. Okie's translation of Bönninghausen. In the German edition, at the end of the book, there is a part in which a remedy is divided under seven heads, and which Dr. Okie considered of so little value that he did not translate it. This is a rather extensive classification. There are two hundred remedies, which, multiplied by seven, the number of heads into which each is divided, would give fourteen hundred classes.

DR. LIPPE.—Dr. Okie no doubt left this part out because he did not comprehend it. If an Allopathist examines our *Materia Medica*, he says the remedies are all alike: that each remedy has the same kind of symptoms; pains, diarrhœas, constipation, headaches, etc., and that it is impossible to see any difference between one and another. This is not the case. It only appears so to the Allopathist because he does not comprehend it. Bönninghausen's book tells us which remedies have certain symptoms or conditions in common. For instance, *Aconite* produces certain mental symptoms and there are certain other remedies that have mental symptoms similar to those of *Aconite*. So with the pains, the conditions, etc., of *Aconite*. We find in our patient certain symptoms which suggest *Aconite* to us, but on looking into our *Materia Medica* we find that remedy has not quite the whole condition. We then consult the remedies that are the analogues of *Aconite*; that have conditions that are similar to those of that drug. I have used Bönninghausen's concordance in this manner for a number of years, and have found it to be a very great help.

DR. J. C. MORGAN agreed with Drs. Lippe and Guernsey as to the value of Bönninghausen's concordances, and was glad of an opportunity to express his regret that Dr. Okie had left it out. For a man who has some knowledge of our *Materia Medica* it is invaluable, but is, however, useful only to this class. It is valuable to the practitioner, but not to the student. The student better comprehends a family analogy between drugs; for instance, between *Belladonna* and *Stramonium*. In the whole family of the Solanæ there is a natural relationship and analogy of action, and it is an advantage to the student and beginner to know this. Their relationship being then known, it becomes easy to learn their points of dissimilarity. There are a great many symptoms

of *Belladonna* and *Hyoscyamus* that are alike, and it takes a very nice sense to discriminate between them. They have in common the power to irritate the roots of the fifth and eighth pairs of nerves, etc. They have an anatomical analogy as well as a pathogenetic. We may locate the *primitive* action of a drug. It may be confined to a certain part or tissue, but its consecutive, secondary, sympathetic action may be characteristically felt all over the body. Dr. Williamson alluded, at a former meeting, to the specific action of remedies on certain tissues, and here is one plan for classification. Remedies may be classified upon an anatomical basis. This would be a natural one and therefore must necessarily be true. We may say here are masses of remedies that are much alike; but it will not do to say we may therefore give them indiscriminately. If we have them classified upon an anatomical basis it will aid us greatly in choosing between them and finally selecting the proper remedy by individualization.

Dr. WILLIAMSON expressed himself as satisfied that the paper of Dr. Lippe pointed in the right direction. A classification of remedies is something that we all want. Suppose we had had a good classification thirty-five years ago. How much valuable time would have been saved! The value of classification is not to be lightly thrown aside. The old school has always attempted to classify. Diseases were arranged into classes and orders, and it would take as much time to learn the nosological arrangements of Cullen and Wood, as to learn the whole *Materia Medica*. They have attempted to classify drugs according to their primary action. This was very good for them, but would not do for us. Homœopaths require something better; something that is based on truth and not likely to change. We are very far from having reached the ultimatum, and we should always be on the lookout for something that may direct us to the better plan.

Drugs have also been classified according to their chemical properties, and again into natural families. Thirty-five years ago, the best classification we possessed was that which divided remedies into animal, vegetable and mineral. The classification attempted by Boenninghausen is far in advance of that. It is more homœopathic, so to speak; more consistent with our method of thought. We have our drug symptoms, and when we have discovered the symptoms of our patient we believe that if we find the remedy that produces symptoms similar, and give it, we will cure. Boenninghausen classifies remedies according to their curative actions. For instance, for a certain kind of headache we may note down all the remedies that produce this same kind of headache. If it is ameliorated or aggravated by certain conditions, we will note down that also. The time of its accession will be another link. Thus several remedies may have the kind of headache, a fewer number conditions of aggravation or amelioration, and perhaps only one the time of accession, aggravation or amelioration. Classification is not to improve the remedies, but to aid us in selecting the right one.

Dr. Morgan has alluded to classification by tissues. We may expect from a certain tissue a certain kind of pain. A patient complains of pain in the head. There are a variety of tissues in the head; nervous, osseous, muscular, etc. We then ask—what kind of pain? If we know what kind of pain each tissue produces, we will know in which tissue the pain is located. The remedy that will cure that kind of pain in the head, if it has no symptoms of pain in the suspected tissue in the head, will be found to have produced that kind of pain in the same tissue in some other part of the body.

It is impossible to teach the *Materia Medica* to students without having some method of classification. When I taught I conjured up a

method to suit myself. I formed the remedies into groups, often having vegetable, animal and mineral in the same group. My arrangement was somewhat as follows: *Aconite*, for instance, was taken as the head of a group, and the remedies that produced symptoms most nearly analogous to those of *Aconite*, arrayed with it. Thus *Pulsatilla*, for some reasons, *Bryonia* for others, were in the *Aconite* group. The one was a type of the class, and I dwelt most fully upon it. Then followed the analogues, of which the points of difference from and similarity to the type were shown. Often these had nothing in common as natural families, or according to the pathological arrangements of the old school, but they had always, according to Homœopathic pathogenesis. Our remedies must be classified, not according to the necrology of disease, but according to the symptoms they produce in proving.

Dr. JACOB JEANES.—In the diverse products of nature, naturalists have found it necessary to resort to classification. We as naturally seek after it for our *Materia Medica*; but we may find it already existing in every well-prepared Repertorium. If we examine the symptom, "*spots before the eyes*," we find that such and such remedies have it. Here already is a step to classification. Take now other symptoms of your patient and see which of the remedies that have spots before the eyes have the second symptoms also. You will find your list of remedies is reduced—say one-half—already. Take a third symptom in the same manner, and you are thus marking it down, closer and closer, until finally, you come to only one that has all the symptoms of your case. This is the method of classification that every physician may make from the good Repertory. The division according to natural families will not do. They differ too greatly. In the animal kingdom, in the natural family *canes* we have the wild, fierce, naturally untamed wolf, and the house-dog whose natural condition is one of tameness; and drugs of the same natural family differ as widely.

The classification of the Allopathic school is made on pathogenetic grounds, but when they seek to bring it into actual practice it fails them. When I was a member of an Allopathic Medical Society in Philadelphia, a good many years ago, I once heard read an essay on *tonics*. A gentleman present—whose remarks I then thought very foolish, but had since come to regard as very wise,—said, "There is no such thing as a *tonic*, and there cannot be. If it were so, there is nothing to prevent you or I, Mr. President, from taking enough of it to give us such strength as would enable us to leap from mountain-top to mountain-top." Tonics, so called, act upon the condition producing debility, and thus build up the exhausted strength, but when pushed too far, their action, secondarily, becomes *atonic*. So far as the classification of drugs, of the old school, is based on pathogenetic action, it is a good one, but when brought into therapeutics it is a failure.

I am disposed to think that when Dr. Morgan proposes to classify remedies upon an anatomical basis, and Dr. Williamson upon the basis of their action upon certain tissues, that both of these gentlemen are treading upon exceedingly thin ice. I have examined Bönninghausen's method of classification and thought it would be of little use to me, though it might be of great utility to others. I prefer a good Repertorium. If we have a remedy that is capable of producing certain symptoms, we are able to compare the symptoms of the patient with it, and find whether it will be the true homœopathic agent.

Dr. LIPPE.—Complaint has frequently been made that *all the symptoms* are not found in Bönninghausen's work. When in Europe he had made this complaint to Bönninghausen himself. He told Dr. B. that he had had a number of patients who complained of headache only

when their hair had grown long, and which left them as soon as the hair was cut, and that this condition was not in his book. Bœnninghausen told him he should look under the heading, "*amelioration by uncovering the head.*" Common sense and judgment are to be exercised in choosing a remedy.

Dr. H. N. MARTIN.—Dr. Lippe has hit the nail right on the head. Our idea of classification should be to enable us to individualize. We take one remedy and we endeavor to personify it. We have another, very much like it; they are alike and yet very different. We find therein both apparently having all the symptoms of a patient, but suppose we decide to give one of them and it should happen to be upside down, so to speak, head to feet and feet to head. It will not cure. We must find which of them applies to our patient, head to head and feet to feet, and then we are sure we have the right one.

The nosology of disease, according to the old school, may become of use to us, in its way. If I have a case of rheumatism, that fact calls to mind a certain series of remedies, none of which, however, would I prescribe without individualizing.

Dr. Frost said: Bœnninghausen's work cannot properly be called a method of classification; it does not profess to be. It is simply an arrangement of the principal (then known) remedies of the *Materia Medica* under successive heads. And it must be regarded as a succession of partial classifications, rather than a single complete one.

In our school this business of classification seems to be almost as much a vexed question as that of the dose. The Allopathists have attempted to classify in various ways. One for example from the positive or negative condition of the remedies; another may be termed the anatomical method. This is perhaps the most plausible and seductive of all. To a certain extent the topical anatomical relations are already laid down in the symptomatology: and these furnished valuable aids in selecting the remedies, and have been fully made use of by Bœnninghausen. But when it comes to discriminate the particular tissues, then the difficulty arises. In one of the earlier volumes of the *North American Journal of Homœopathy*,\* may be found a very interesting paper on this subject. And he had attempted to verify and extend the views there so ably presented. But after six weeks hard study in this direction, he had found himself plunged into what Bunyan aptly terms the "slough of despond."

We find, indeed, that certain remedies (continues Dr. Frost) act on particular tissues; and that similar pains characterize the natural disorders of these tissues. And we think we have made a great discovery, — opened a broad way to scientific truth; but it narrows very quickly. For after a very few such obvious examples as *Bryonia* and the serous tissues, but little more can be clearly distinguished in this direction. And there is yet another consideration in this connection; while we think we may be able to assign to each particular tissue its own characteristic pain, we forget, on the one hand, that these tissues are very seldom simply and exclusively affected; and on the other, that all these pains are but neuralgias, or (neuroses) affections of the nerves distributed to the tissues. And while we are still far from being able positively to assign the pains in all cases to affections of the sympathetic or voluntary system of nerves, we should seem to be still more incapable of determining with accuracy and certainty which of the various tissues of the body is affected. Until we have our remedies proved by persons

\* Suggestions relative to a scientific arrangement of the *Materia Medica*, by Wm. E. Payne, M. D., Vol. v., p. 323.

competent to locate each sensation in its particular tissue, we can hardly expect to classify them according to the tissues which they affect; and here as in the classification of natural disorders arises the additional difficulty—which is present in very many instances—of several tissues being simultaneously affected, either through contiguity, through sympathy, or through both. While we confine our attempts at classification to pathogenetic grounds, we rest on a substantial foundation. But when we leave this and attempt to build our classification on theories, we find the ice very thin, and we are likely to break through and plunge into the thick mud beneath.

Dr. J. C. MORGAN.—The anatomical basis lies at the foundation of every thing in medicine, and it is a solid basis; as solid as the earth. The only thing to be considered is, have we the proper acumen to take the symptoms as they are and properly arrange them; to take the symptoms given to us by ignorant men, women and children; form a minute diagnosis of their pathogenetic sphere; and build up from this the classification of remedies, according to the anatomical method. Bönninghausen's method requires a vast amount of previous knowledge of *Materia Medica*, before it can be used understandingly, as Dr. Lippe has illustrated, that even he, with his great knowledge of the subject, was obliged to ask the author himself for information, and Dr. James has said that he thought it would be of no use to him.

There is no sufficient explanation of the manner in which it is to be used, offered in the introduction, which is a great fault, and the value of the book was very appropriately expressed by Dr. Hering, who said of it, "it is grains of gold, in heaps of sand."

The anatomical relations of remedies is very simple, if properly expressed, and something that students can grasp at and comprehend. For instance, *Cantharides* inflames the skin when locally applied and produces a like effect, after absorption, upon the bladder. *Nux vomica* also affects the bladder, but has no local inflammatory action when applied to the skin. The urinary symptoms of *Nux*, though similar, must therefore be different, in anatomical significance, from *Cantharis*. The latter clearly has a direct muco-cutaneous relation, primitively; but *Nux vomica* can act on the bladder only indirectly, sympathetically, consecutively, after a primitive action on the spinal centres. This is a fair diagnostic inference, generally acknowledged from its pathogenesis. Per contra, *Cantharides* must, in its turn, have a consecutive centric influence. It is by the primitive effects of a drug that its anatomical classification is to be made. The "narcotics" and "bitters" thus belong to the "spinal centric" class. The "acrids" to the "vegetative eccentric" class, etc.

Bönninghausen's work is of great value to those who have previously become familiar with certain landmarks. It is to a beginner suggestive to the story of the countryman who, on first visiting the city, said he "could not see the town for the houses." But if he had looked from the top of a steeple he would have been more fortunate. The beginner, finding no scientific classification of our *Materia Medica*, such as anatomy affords, is liable, first to run into the crudest generalization, and finally to abjure the science. Diagnose minutely the medicinal diseases that drugs may produce; then having formed classes of similar remedies, you are able to individualize from them with comparative ease.

Dr. WILLIAMSON said that he did not like to hear any thing said against the provings of women and children; because some of the most reliable proving of drugs he had ever seen were made by them and other laymen; while some of the poorest and most unsatisfactory ones

were made by physicians. To be sure physicians can better tell in what tissue their sensations are seated, but sometimes they mix opinions with symptoms, which are not always easily separated; while laymen can describe their sensations and give the locality just as well as physicians can, and are not so apt to express an opinion.

He was surprised to hear a physiologist say that it was impossible to distinguish between the symptoms of one tissue and those of another; and that as the nervous tissue was the only one endowed with sensation we would really have but one tissue to treat. He acknowledged that all pains are mere sensations, and that the impressions of them are conveyed from the affected part through the nervous filaments to the sensorium before they gain expression, but contended that there are about the pains of each tissue peculiarities by which they can be distinguished from the pains of every other tissue. And the physician who is acquainted with the functions of the organs and tissues of the body can tell the organ and generally the tissue in which the pains or other sensations of disease are located. He did not care to know the opinion of a patient about his disease. He wanted to learn from him the symptoms or facts of the case, and from these would form his own opinion.

Dr. BUSHROD W. JAMES then read an able and exceedingly interesting paper showing the superiority of the modern method of treating wounds, by exclusion from air; and the value of *carbolic acid* as an adjuvant and antiseptic in dressing. (The paper of Dr. James will be found elsewhere.) On motion the thanks of the Society were tendered Dr. James for his interesting paper.

Dr. J. C. MORGAN related a case in which he had successfully operated for strangulated femoral hernia. No untoward symptoms having arisen after the operation, no medicine was given. The patient made a rapid recovery.

Dr. VON TAGEN remarked that while in the army, it had been his lot to see a great many cases of compound fracture, particularly those produced by gun-shot. He had invariably found that when the opening at which the bone had protruded was closed, hermetically sealed, as it were, by plaster, no suppuration follows. It was the universal plan with the soldiers to use water-dressings for their wounds, keeping them constantly saturated. He had seen wounds, that would otherwise have healed by first intention, converted, by these water-dressings, in a few hours, into gaping, suppurating wounds. It sometimes happened that the soldiers when wounded could not get at water, and when brought in the wound would be found to be healing nicely, but in spite of all that was said to them, as soon as they had a chance they would resort to water and thus wash away all the previous adhesions, causing the wound to gape and suppurate. This had been a fruitful source of hospital gangrene.

On motion of Dr. Williamson, the time of meeting of the Society was changed from the third to the second Thursday of each month.

The Society adjourned at half-past ten o'clock.

## MEETING OF CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

BATH, October 16, 1887.

The President, Dr. W. E. PAYNE, in the chair.

Dr. PAYNE read two interesting cases (which appear in another part of this number of the *Monthly*).

Dr. PAYNE asked if any of the members had confirmed the frequently mentioned symptom of Lyc.—“Fan-like motion of the *alae nasi*.” He had no doubt of the value of such symptoms, apparently obscure and unimportant, and that they should often have the casting vote in the selection of a remedy. He has not, however, been able to confirm this symptom as one of that character. He has given it in several cases where the symptom was very marked and striking, but without effect.

Dr. GRAVES has confirmed the symptom in a very interesting case, and promised to furnish notes of it for this report, but his illness has prevented it.

Dr. BELL has been disappointed in several attempts to confirm this symptom where it seemed prominent.

Dr. F. W. PAYNE and Dr. HALL each read an instructive case, (which will also be found in this number of the *Monthly*.)

Dr. GRAVES inquired if any of the members had met with case of hemorrhoids in children. He had had one case—a boy of four or five years of age.

Most of the members present had never seen a case of the kind, and all believed them to be very rare.

Dr. PAYNE related the following case. Was called to a lady eight months pregnant who was suffering severely with hemorrhoids. She could neither sit, stand nor lie, and could only get a little rest by reclining on her knees and face. Had been suffering thus ten days, and had taken several remedies of her own selection—Bell., Puls., &c. Had, also, many loose stools—a rare thing with piles—and there were many stinging pains in the tumors, which she described as dark purple. On account chiefly of the *purple color*, but also of the *stinging pains* and *diarrhœa*, gave Muriatic ac. 30.

On calling the next day the lady met him at the door and reported herself well. The relief was immediate and she had had a good night's rest.

Dr. BELL then read the following case. August 3d, 1887. Was desired by Mr. S. to see his daughter as soon as convenient, as she was suffering very much. I found a small, pale, light-haired woman of about thirty-five. She said she had always been subject to “biliousness,” and had now been sick three weeks, much as at present. Before that time had been quite well for a year, except some pains about the abdomen, and easily deranged digestion, the details of which I was not able to obtain. She had had Allopathic treatment during this attack, and had taken, as she said, “every thing,” and nothing had given her even temporary relief.

*Symptoms.* Acute pains in whole abdomen, chiefly about the navel, occurring in well-marked paroxysms, accompanied by nausea and pain in the knees. Ameliorated by moving and sitting up, but is too weak to move much or sit. Abdomen very tender to pressure. Sharp, lancinating pain in right hypochondrium, cutting the breath. Tongue coated

thick white. No desire for any thing except acids. Percussion shows the liver to be much enlarged.

*Diagnosis.* Acute hepatitis, with obscure complications. On account of the characteristic italicised symptoms, gave Dioscorea, 15, in water, every two hours. In twenty-four hours there was marked improvement. The medicine was further diluted with water, and given less often for twelve hours, then Sac. lac. substituted for it.

The improvement did not continue, but the former symptoms did not return. They were replaced by throbbing and cutting pain in the region of the liver, feeling as if the liver fell toward the side upon which she lies, but *can lie best on the painful side*. Lancing pain, *aggravated by a deep breath*. *Much thirst for cold water* and acid drinks in large quantities, but not very frequent. Some chilliness. Pains relieved by hot applications. Bryonia, 200, in water, on the morning of the third day.

On the fifth day there was little change. The acute pains seemed to be less. There was much restlessness, and she complained of great feeling of fullness in the abdomen and region of the liver, for which she received Lycopodium, 200, in solution, every three hours.

In the evening of the same day, found that she had grown worse all day. The liver was now eight inches wide, extending from the fifth rib to two inches below the last rib, with a perceptible fullness of the right side. Silicea, 200, once saved the life of Dr. A. Lippe, and the chief symptom which led to its selection was a greatly enlarged liver. I gave my patient two powders of Silicea, 200, one to be taken every six hours.

The report on the morning of the sixth day was, "A good night's rest; can lie still and breathe better." Pulse, which has been almost imperceptible, is now fuller. No medicine. At 4 p. m. of the same day, I found her much troubled for breath, and gave Silicea, 6m., one powder. At 11 p. m. was called to see her. She had wakened from a short sleep, with much general distress and palpitation of the heart. She remarked that she has felt worse after sleeping all day. On account, chiefly, of the latter symptom, gave Lachesis, 200, one powder every six hours.

On the seventh day no medicine was given, as she seemed much relieved. In the evening complained of much unsuccessful desire to evacuate, and received another powder of Lachesis, 200.

Eighth day. "Had the best night's rest since her illness. Has slept more than any other three nights." Sac. lac., one powder of Lachesis, 200, in the evening.

Ninth day. She has had a very bad night. She vomited large quantities of gruel taken during previous days, and very sour. Severe distress in the abdomen—now here, now there. Tongue very dry. Sulphur, 200, one powder, on account of the relapse. Was more comfortable in the evening, and received no medicine.

Tenth day. Frequent vomiting of sour water. *Great thirst for large quantities of cold water and acids*. *Much sinking at the stomach* and distress in the abdomen. Verat. 200, in solution.

Evening of the same day. No relief. Vomits all food or drink, and much sour water. Other symptoms unchanged. Nux v. 200, in solution.

Eleventh day. Vomited all night, almost constantly, small quantities of dark, *intensely sour fluid*. Thirst, &c., same. Iris versic. 200, a powder every four hours. There being no relief in the evening, gave Ipec. 200, in water.

Twelfth day. No change; some distressing hiccup; vomits all

food or drink. On desiring her to drink cold water in my presence, I found that *it was not thrown up immediately, nor until it got warm in the stomach.* Phos. 200, in water. Two P. M., vomits less frequently. Keeps rice water down. Is very weak and feels faint; pulse 140; hardly perceptible. Only one attack of hiccough. Distress in the abdomen quite severe. Continued Phos. 11½ P. M. Weaker; more comfortable; pulse 160.

Thirteenth day. Died at 1 P. M.; sank quietly away.

*Post-mortem*, twenty hours after death, assisted by Dr. Thompson and Mr. Woods. The consent to an examination was readily given, as the mother died a few years before of some obscure disease.

*Externally.* No icterus. The whole right side prominent; dulness on percussion, from the sixth rib to three inches below the last rib.

*Internally.* Adipose tissue of the walls of the abdomen largely developed. Liver enlarged to twice its normal size; color dark and filled with dark blood. Several small abscesses upon the upper and outer surface, the size of a large pea.

The gall-bladder not discoverable, but in place of it large, irregular, grayish-yellow mass, closely and intimately attached to the whole under surface of the liver, and also to the wall of the abdomen. It extends over upon and includes the pyloric end of the stomach, the upper fourth of the duodenum and right end of the transverse colon. The whole mass has about the bulk of the normal liver. The finger pierces it readily, breaking it down into the smaller masses, with a discharge of cream-like fluid. The finger breaks through, also, into the gall-bladder, the walls of which seem wholly absorbed by the tumor. It contains a small amount of thick, muddy bile.

The walls of the stomach, duodenum and colon were not affected by the tumor, though closely united to it. The mucous membrane was smooth and healthy in the parts passing through the tumor. The smaller omentum was included in and obliterated by the tumor. The remaining organs healthy.

Examination of the microscopic character of the tumor showed it to be, as its appearance indicated, a medullary carcinoma. Whether the original seat of the pseudoplasma was the small omentum or the gall-bladder cannot now be decided.

This case has lessons of interest for both the pathologist and the therapist. It has interest for the former as a case of rarity.

FRERICHS, in his "*Klinik der Leber Krankheiten*," mentions a single case of medullary carcinoma of the small omentum, but the result was atrophy, and not hypertrophy of the liver.

ROKITANSKY, in his "*Pathologische Anatomie*," says that carcinoma sometimes attacks the gall-bladder, but not often, and still more rarely the omentum.

FOERSTER gives much the same opinion in his "*Specielle Pathologische Anatomie*."

The absence of marked constitutional and local symptoms until within five weeks of death is also remarkable. In the case given by FRERICHS, the patient lingered several months, and died of general exhaustion.

But the therapeutic lessons have most interest for us. The most striking one is the proof of the positive palliative effect of homœopathic remedies, carefully selected and given in the potencies, upon a patient suffering from a terrible, organic and fatal disease.

The next is, that remedies in this, as in every case, have the best effect when selected for characteristic or verified symptoms of a subjective character, without regard to the diagnosis or pathology of the case.

Here diagnosis was impossible, as common sense and all pathologists declare, yet remedies given for characteristic sufferings had a positive and marked effect. When they did not, it is evident that the fault was in the prescriber, who made a wrong selection, without obtaining characteristic indications. Verat., Nux v., Iris v., and Ipec. were administered in vain, because administered for general indications. The peculiarity of Phos. was carefully inquired for after Verat. failed, but it had not been observed, and the test was not made as it should have been. As soon as it was, a certain indication was given, and the remedy was not found wanting. It stood boldly at its post, battling the last enemy to the very gates of the tomb, and cheating him of many pangs.

It is remarkable that so positive and developed an organic disease should give rise to so variable subjective symptoms, without any apparently natural progression; but while this upsets the calculations of the diagnostician, and the purely pathological prescriber, the patient student of nature has no difficulty in interpreting these calls for help, and in answering them as far as the present condition of our science permits. He knows as little of the connection between the symptoms and the organic changes, as we know of the connection between the magnetic currents, the aurora borealis and the spots on the sun. The telegrapher does not, however, for want of this knowledge, refuse to give the strange power possession of his wires and use it for his purposes.

The Association adjourned to meet at Augusta, January 18th, 1868.

JAMES B. BELL, M.D., *Secretary*.

## HOMŒOPATHIC MEDICAL SOCIETY OF ONEIDA COUNTY.

The Homœopathic Medical Society of Oneida county, N. Y., held its eleventh annual meeting, Tuesday, Oct. 15, at the Dudley House, in this city, Dr. C. J. HILL, President, in the chair. In the absence of the Secretary, Dr. L. B. WELLS was appointed Secretary *pro tem*.

Present, Drs. Scudder, Stebbins, Wells, Watson, Hill, Southworth, Thompson, Willis and Gardner.

The minutes of the semi-annual meeting were read and approved.

Dr. Hiram Hadley, of Vernon, and Dr. D. J. Jones, of Ohio, were elected honorary members.

Dr. Gardner, from the Committee on Medical Education, made a report advising an extended period of study, and recommending that students be required to attend three full courses of medical lectures, two of which should be at homœopathic medical colleges, and six months attendance in hospital practice, clinics, etc.

On motion of Dr. Watson,

*Resolved*, That the delegates to the State Society be required to present this subject to its consideration.

Dr. WELLS, from the committee appointed for that purpose, reported on the subject of criminal abortion, its prevailing causes, etc., and on motion, the Society adopted the following resolution, unanimously:

*Resolved*, That the Homœopathic Medical Society of the County of Oneida cannot retain in fellowship any member guilty of the crime of procuring an abortion, except to save the life of the mother, and then only under the advice of one or more members of the medical profession.

Dr. STEBBINS offered the following resolution, which was adopted :

*Resolved*, That each member of this Society give in writing, the name and locality of the medical college or colleges in which he attended two full courses of lectures and graduated.

Dr. STEBBINS read a valuable paper on the diseases of females so prevalent in our country, attributing them in the greatest proportion of cases to the unnatural modes of dress and customs prevalent in society ; and urging reform and the influence of physicians is urgently solicited in that direction.

On motion of Dr. WATSON,

*Resolved*, That the delegates to the State Medical Society be solicited to present the matter to its most serious consideration.

Dr. ZEITLER, of Camden, reported a case of cholera, in a state of collapse, and its recovery.

The Treasurer's annual report was here presented and accepted.

The following named gentlemen were elected officers for the ensuing year :

President—Dr. L. B. Wells ; Vice-President, Dr. S. O. Scudder ; Secretary and Treasurer, Dr. H. Willis ; Delegate to State Society, Dr. W. B. Watson ; Censors, Drs. Zeitler, Thompson, Gardner and Southwick.

On motion, the Society adjourned to meet at the Dudley House, in this city, on the third Tuesday in June next, at 10 o'clock, A. M.

L. B. WELLS, Secretary, *pro tem*.

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A FEW OBSERVATIONS

*On the Symptoms of Diseases and of Drugs, with some  
Remarks on the Subject of Classification.*

BY W. WILLIAMSON, M. D.

Read before the Homœopathic Medical Society of Philadelphia,  
November 14, 1867.

*Symptoms of Diseases.*

In the language of an elegant writer, the cause of disease is said to be "far and forever beyond the ken and cognizance of man." Whether this statement be true or not, I do not now propose to enter upon an inquiry into the causes, but shall content myself with looking at some of the phenomena of disease.

Vitality is a property of organized matter in all its forms, an immaterial principle which acts through material organs, and manifests itself to our senses by the phenomena of life. All atoms of matter are subjects of immaterial forces beside the chemical and vital forces belonging to organized bodies. The vital forces, when acting in a healthful manner, are denominated physiological forces; and when these forces are disturbed by the causes of disease, the organism through which they act

is said to be in a pathological condition. The dynamic force of disease modifies the action of the molecular forces, and these again affect the tissues in their organization and action. The results of diseased action find expression by symptoms, first in the tissues, and afterwards in the more complicated organs. Each tissue has an organization, as to composition, impressibility, and capability peculiar to itself. The organs are constituted by the different tissues of which they are composed, in the manner best adapted to the functions which they are designed to perform.

When the physiological processes of the system are disturbed by a pathological agent (of either disease or drug origin), an impression is induced, whether it is cognizable to the sensorium or not, the undulations of which will be recognized and responded to by the associated elements and organs in a manner corresponding with their habits and functions, and in proportion to the amount of force in the disturbing cause. No matter what the disturbing cause may be, or on what part of the organism the impression may be made, the consequent derangement will be manifested by symptoms in correspondence with the habits and functions of the tissues and organs affected.

For instance, if the skin be affected, itching, stinging, burning, &c., will be among the symptoms presented; if the mucous membrane be the seat of disease we will have a sense of fulness, soreness, burning, &c., presented; if the serous tissue be inflamed we will have stitches, sharp shooting pains, &c.; if the fibrous tissue, we will have drawing, aching, lameness, soreness, and pain from motion; if in the cellular tissue, we will have sensitiveness, swelling and throbbing; if the bones be diseased, deep-seated aching pains, which are worse at night and from changes in the weather, will be most prominent; if the symptoms arise from the nervous tissue, tearing, drawing, jerking pains, and contracting, cramping sensations in the muscles to which the nervous expansions are distributed, will be felt.

The terminations of disease in the various tissues are also

widely different; for instance, inflammation in the skin and mucous membranes may terminate in ulceration, and recover through granulation; of the serous tissue, in effusion or adhesion; of the cellular tissue, in abscess, &c.

It is not claimed that in the present state of our knowledge of the characteristic symptoms peculiar to each of the several tissues of the human body, we are able to make out a perfectly clear diagnosis in every instance, attention not having been directed sufficiently to this point to enable us to do so, but enough is known to justify the belief that a vast amount of useful knowledge can be gained by a thorough investigation of the doctrine of distinctive tissue symptoms.

In case of translation of disease from one tissue to another, the symptoms will accord with the habits and offices of the tissue last attacked, and may differ widely from the symptoms of the first, as is seen in the translation of acute erysipelas from the skin to the peritoneum; or, as in cases of repelled eruptions of a chronic character in childhood, the morbid action may be set up in the respiratory organs, and asthma or tuberculosis may grow out of it in after life, or it may fall upon the stomach and we will see derangement of the function of digestion, or structural degeneration of some kind; and so on if other tissues or organs should become the seat of disease, the symptoms will correspond with the habits of the parts attacked.

Again, a family of several children may inherit from their parents a predisposition to some chronic disease, and although the same morbid cause acts on all, each one may present a train of symptoms different from every other; one may have sick headache, another dyspepsia, another skin disease, such as tinea capitis, &c., another liver disease, or hemorrhoids, &c., &c. Now, in each of these children the same morbid cause is in operation, but the symptoms developed are as different as the structure and offices of the parts in which they become located are various. The difference in the tissues and organs involved in each case being more likely to be the cause of the difference in the symptoms, than different mor-

bific causes. The difference in the tissues and organs involved in each case having at least as much to do with causing the difference of symptoms, as has the difference between the morbific causes.

From what has been said it will appear that we should not infer, because two patients present different trains of symptoms, therefore their diseases proceed from a different morbific cause. Neither should we infer because two cases of disease present some similarity of symptoms, they therefore proceed from the same morbific cause; for we know that different miasms, acting on the same tissues, will produce some similarity of symptoms.

But notwithstanding the apparent difference between the symptoms produced by the same miasm on different tissues and organs, and the apparent similarity of symptoms produced by different miasms acting on the same tissues and organs, there is still sufficient evidence furnished by the diversity of character, course and termination of the symptoms of chronic disease, to sustain the doctrines of Hahnemann in regard to the existence of the three latent miasms, of psora, syphilis, and sycosis.

### *Symptoms of Drugs.*

The pathognomonics of drugs are the counterparts of the symptoms of idiopathic diseases; and their pathological and diagnostic creations are just as properly the subjects of investigation as are the symptoms and diagnosis of idiopathic diseases. Medicinal diseases just as clearly and certainly proclaim the sphere and quality of the action of drugs on molecules, tissues and organs, by the echo of symptoms, as do diseases arising from causes inherent in the system; and as idiopathic diseases have their essential and incidental symptoms, so do drug diseases have their primary and secondary symptoms. In order to understand the value of symptoms both of inherent disease and those of drug origin, it is necessary for a physician to have a correct knowledge of the system in a state of health (the physiological state),

and in a state of disease (the pathological condition), and also of the natural history of disease.

It is unnecessary to take up the time of the society by rehearsing arguments to prove what we, as Homœopaths, all believe to be true, viz.: that drugs, when administered in suitable doses to the healthy, act from a kind of elective affinity upon certain parts of the human organism, in preference to others, (this, too, whether they are administered by the way of the mouth, or the anus; through the skin or injected into the veins,) and that the symptoms resulting from such action more or less resemble the symptoms of idiopathic disease. And further, that upon this similarity between the symptoms of idiopathic and artificial diseases, our theory of cure expressed by the terms "*similia similibus curantur*" is based, and accepted as true by us all.

I will not attempt to perform the impossible task of giving the *reason why* Tartar emetic pukes, Epsom salt purges, Opium produces somnolency, &c., &c., but will accept the relationships of cause and effect in those cases as veritable facts; nor do I propose to endeavor to show how morbid agents produce the symptoms of disease—my purpose being only, on this occasion, to consider some of the phenomena of disease.

In the study of diseases arising from morbid causes we meet with symptoms of impressions on the sensorium, symptoms of sensations on tissues, symptoms of functional derangements of organs, and symptoms of changes of structure; and, from provings of drugs on the healthy, we learn that the pathogenetic symptoms of drugs arise in a similar order and are of similar character. The disturbing force (whether of disease or drug) acting first on the sentient faculty, then through the molecules on the tissues and the organs, until finally its influence reaches and pervades the whole system. The mental and moral symptoms reveal the action on the sentient faculties; the sensations, the action on the tissues; the functional disturbance, the action on the organs; the tributary symptoms, the play of sympathy between different

parts; and the constitutional disturbances manifest the connection and relationship between the parts affected and the system at large. No drug acts exclusively on one part of the organism, although most drugs have an elective, invariable primary action on a particular tissue or organ, each in a manner peculiar to itself; and the effect extends from tissue to tissue, and organ to organ, until the force is expended without, in any case, losing its individuality. Different drugs have the power of acting on the same tissues and organs, and as each tissue and organ has its own particular functions (always the same) to perform, of course there will be *some* similarity between the symptoms of different drugs, but with innumerable shades of difference in quality, variety, number, intensity, conditions and combinations, quite sufficient to enable the physician to recognize the individuality of the drug which produces them, with as much certainty as he can recognize the individual miasm which produces the symptoms of an idiopathic disease; and he will also discover by the comparison of cases that the difference between tissues has as much to do with causing the difference between symptoms, as has the diversity of the drugs which produce them. In order to be able fully to appreciate the important points in the *similarity* of symptoms, we must pay some attention to their distinctive differences—similarity of drug action can sometimes be discerned through the uniform differences of the symptoms produced.

#### *Views on Classification.*

The different plans of the classification of drugs in the old school are erroneous and defective, mainly because they are based on the *opinions* of diseases formed by the physician. The humoralist in his day, for instance, thought all diseases arose from deterioration of the humors and he treated them with diluents, deobstruents, detergents, &c. By a modification of the same doctrines in later times, diseases were considered to be asthenic in their essential character, and hence must be treated with excitants and stimulants. In

still more recent times, medicines were arranged according to pathological notions into classes, called anti-phlogistics, anti-spasmodics, anti-bilious remedies, anti-scorbutics, anti-syphilitics; febrifuge, vermifuge medicines, &c. Finally a more rational method of classification has been reached by what is called the physiological school, by which drugs are arranged according to their most prominent effects on the different organs of the body, under the names of emetics, cathartics, diuretics, sialogogues, emmenagogues, &c., &c., leaving a large margin for a number of very important articles, whose actions do not entitle them to a place under such headings; and these for want of a better name are called alteratives by self-styled *scientific* physicians; but many of the so-called alteratives are given empirically under the name of specifics, by practitioners of every school of medicine.

Diseases have a natural history. The stages of inception, progression and termination follow each other in regular succession with as much steadiness and uniformity as is observed in other processes of nature; and inasmuch as the subjects of other branches of natural history admit of scientific classification, we have a right to infer that diseases can be classified according to some natural law.

As the different plans of classification heretofore proposed, although of great service, are found to be defective in their bases, we must seek some other foundation for a rational classification.

As the symptoms of disease hold the primary position in their relation to the symptoms of drugs, it seems proper that the same system of classification adopted for their arrangement should form the basis of the proposed scientific arrangement of the symptoms of the drugs of the *Materia Medica*. The genius of our science demands a parallelism between the phenomena of diseases and the symptoms of drugs obtained by provings, from the beginning to the end, throughout our investigations. The object of all the toil and labor of study and preparation by the physician is to cure disease. Drugs are the remedial agents employed for this purpose—the law

*similia similibus curantur* being the rule of their action. The *Materia Medica*, where the symptoms of our drug agents are recorded, is the great storehouse of the resources of our profession; and the purpose of classification is to render these resources accessible to the physician. The best classification is therefore the one that will enable the physician to select the most similar remedy with the greatest certainty in the shortest time and with the least labor.

The classification of symptoms is to the physician what a dictionary is to the man of letters. There are about as many symptoms of drugs in the *Materia Medica* as there are words in the English language; and if we had no classification of any kind, it would be about as difficult to find a particular symptom and its indication in our *Materia Medica*, as it would be without alphabetical or other classification, to find a particular word and its meaning in our language. We are not however without classification of some sort, and therefore not so helpless as we might be in this particular; but our classification is very defective, and I believe it would be vastly benefited by a "change of base." The cause of the little value of the plans of classification hitherto adopted, arises from the fact that the attempts heretofore made have been to classify the drugs of the *Materia Medica* instead of the symptoms of the drugs. In Homœopathy we learn no more about the value of a drug as a remedial agent from its scientific name and relationship, than we do of the nature of a disease and its appropriate remedy from its nosological name and classified position. In both instances the symptoms are the standard by which we must judge of the capabilities of the one, and of the requirements of the other. In Allopathy the opinion formed of diseases and the duties assigned to drugs sway the judgment of the practitioner in favor of one or another course of treatment; while in Homœopathy the symptoms and other phenomena of disease, and the well-ascertained pathogenesis of drugs, distinctly point out the shortest, safest and best course to be pursued. At present the unscientific method of giving certain remedies for their specific action, under the

name of alteratives, is being substituted with advantage to their patients by old school practitioners, for the more truly Allopathic method of giving opiates for pain, purgatives for constipation, astringents for diarrhoea, blowing the nose for cold in the head, &c., &c.—some of them (the Allopaths) are “swinging round the circle.”

For the sake of alluding to some of the partial systems of classification adopted by our school, I would mention the reception of the natural family arrangement of plants, which however only extends to the medicines derived from the vegetable kingdom—it is of some use so far as it goes, but it is too general for special and practical purposes. This system leaves us without any useful classification of the medicinal substances derived from the animal kingdom; and, with the exception of the few articles in which the isomorphous relation exists, it affords us no aid in the arrangement of the medicinal agents derived from the mineral kingdom.

A great objection to the plan of classification at present in common use by our school—to wit, that of arranging the symptoms of drugs in the *Materia Medica* according to the anatomical divisions of the body in which they occur—is, that it breaks up the order of the occurrence of the symptoms in the provings; whereas, an arrangement based on their action on the tissues and organs would to a much greater extent preserve the original groups in the order of their occurrence in the provings, which is a matter of the greatest importance.

A full consideration of this subject leads us to the following conclusions:

1st. The classification of drug symptoms should be based on the symptoms of disease, both as to kind and character, as they occur in the primitive structures, tissues, and organs of the body, preserving as far as possible the combinations, modifications and course of symptoms, as well as noting any changes from the influence of heat, cold, rest, motion, time of day, season of the year, &c., which may occur.

2d. A classification based on any other foundation hitherto tried affords unsatisfactory results, and fails to give a practitioner the aid in the selection of the proper Homœopathic remedy which he has a right to expect.

## “THE BIBLE OF HOMŒOPATHY AND ITS CARDINAL PRINCIPLES.”

BY J. C. BURGHER, M. D.

In the “American Homœopathic Observer,” of October last, appeared an article by A. J. Bellows, M. D., of Boston, Mass., under the above caption. The employment of polypharmacy in the treatment of diseases appears to be the *quod erat demonstrandum* of the author. The uncertainty necessarily resulting from its adoption, and the assumptions in support of the position, will constitute the postulatium of this brief review. Exceptions are taken to the action of the ‘American Institute of Homœopathy’ in its endorsement of the following sentiment, viz.: “Every one who is only tolerably familiar with Homœopathy, must know that the exclusive administration of simple and uncombined remedies is one of the principal pillars on which the entire edifice of Homœopathy rests.” The Doctor’s first reason for his “dissent from the endorsement” is transcribed verbatim. 1st. “It is so far from being true that the exclusive use of simple and uncombined remedies is a pillar on which Homœopathy rests, that, so far as I know, no American Homœopathist practices on such principles. Indeed we have no such remedies; simple, uncombined elements are all inert. Opium, for example, is combined of as many as ten different substances, each of which is composed of different elements; Cinchona of even more than Opium, and all other remedies, either vegetable or mineral, are more or less combined; and I believe our provings show that the more nearly we adhere to simple uncombined remedies, the less symptoms we get.” Webster’s definition of *simple* is, “Something not mixed or combined. In the *Materia Medica* the general denomination of an herb or plant, as each vegetable is supposed to possess its particular virtue, and therefore to constitute a simple remedy.” Opium is a complicated substance, and instead of

*ten*, it contains at least *twice ten* ingredients. If it contained one ingredient less it would not be *Opium*. It is a single medicine, because it is just as nature gives it. It is not artificially combined nor mechanically mixed. It has been proved in its natural state of combination, and is, according to Webster, not only a *single* but a *simple remedy*. Its entirety constitutes its essence. This universal acceptance of the idea conveyed by the words *simple* and *uncombined*, as applied to *Materia Medica*, is precisely what is expressed by the resolution of the A. I. H. The *proving* of *Opium* bestows singleness in the sense of showing the disease-producing power of this natural combination, in contradistinction to that of *Aconite*, or any other drug. And as the *proving* is the substance of unity in Homœopathy; if the iodides of *Arsenic*, *Lead*, *Mercury*, &c., or the chlorides of *Gold*, *Iron*, *Zinc*, et cetera, were physiologically proved, each of these chemical compounds would be a single medicine, in its pathogenetic sense. Chemical compounds being composed of definite or multiple atomic proportions, are uniform and hence capable of exact reproduction. When a chemical union is formed of two elements, the result is a compound of the two, possessing properties entirely distinct from those of its elements. For instance, by fusing six parts of *Mercury* with one of *Sulphur*, and subliming, the constant resultant is the "*Cinnabar*" of our *Materia Medica*. Homœopaths use this preparation and very properly call it a single remedy. When speaking of *simple* remedies the Doctor uses the following language, namely, "*Indeed we have no such remedies; simple, uncombined elements are all inert.*" The learned Doctor need have no apprehension that he will not reap all the glory of his remarkable discovery! No one will ever think of robbing him of it by claiming priority. Will the Doctor be kind enough to inform us in his next article how much of that simple, and consequently *inert remedy* called *Phosphorus*, he is willing to swallow as a test? And also inform the profession of the number of elements that enter into the composition of *Antimony*, *Arsenic*, *Gold*, *Lead*,

Silver, and sixty other *elementary bodies*, which he may find enumerated in any modern work on chemistry?

Again, "I believe our provings show that the more nearly we adhere to simple, uncombined remedies, the less symptoms we get." The symptoms which Opium, with its score of ingredients, has been made to yield, are recorded on about fourteen octavo pages, while those of *simple Sulphur* fill a volume. The law of cure is not a creation of Hahnemann, but a discovery, the truth of which he verified in the crucible of pure experiment. He rejected that poly-pharmacy and mixed drugging, which had for ages clouded with uncertainty the prescriptions of the Allopathic school, and still preclude its system of therapeutics from becoming a science. Hahnemann was one of the greatest, if not the very greatest architect that ever labored on the temple of medical science. In venerating his name we do not necessarily endorse any of his opinions, but receive the truths he discovered by industry and the principles he established by experiments. Too much should not be yielded to the authority of a mere name, but if a principle be discovered and its truth be established by sufficient proof, the author is entitled to credit for his discovery and to praise for his labor. We cannot better honor the discoverer than by adopting the discovery. We cannot better advocate truth than by embracing it. Truth in science tends to free the mind from the bondage of error.

Homœopathia is an established truth. It does not rest upon a theoretical proposition, but upon an immutable law coëval with man—a method of therapeutics co-extensive with the diseases which prey upon him in all their Protean forms and chameleon changes. The exhibition of more than one medicine at a time is inadmissible in rational and scientific practice. It is opposed to the interests and safety of the patient. It is contrary to all sound reasoning and all certain methods of gaining experience and advancing Homœopathic science and art, through pure clinical observation. The administration of a mixture of two or more medicines is contrary to that beautiful simplicity and certainty of pro-

ceeding which has met the unqualified approval and been sanctioned by the uniform practice of the best and most successful practitioners in every country where Homœopathy is known. Shall the lack of a correct knowledge of the health-restoring powers of a single drug be supplemented by the empirical expediency of a mixture of several, of whose curative action singly we know but little, and of whose combined action we know less? Will truth thus open before us and radiate about us? Can we expect certainty to flow to us through channels of uncertainty? To treat diseases with a mechanical mixture of several drugs is to make in every case a series of mere experiments conducted under conditions which necessarily deprive them of all scientific value. The clinical reports cited in the article under review are not reports of scientific processes which can be repeated with any certainty of producing a like result. They are at best but records of a series of phenomena, the repetition of which may never occur in the same order, relation or connection, and therefore to produce the same result is absolutely impossible. Will Dr. Bellows make known upon what Homœopathic principles he bases his mechanical mixture of Gel., Cup., Nux. and Iod. of Iron, as well as his resort to "stove-dealer's pills?" Give us some light on this to us dark subject. Do not leave us to "Exercise our own independent judgment" in this matter. Ignorant of the method by which such incongruous mixtures perform such wonders, we would have you produce in such clear and unequivocal terms as science demands, the data upon which the advocacy of such mixtures rests. We may then be better prepared to appreciate the principles involved in their *modus operandi*. We shall hope at least to see whether the data will bear that critical examination which it is our right and duty to apply to any proposed theoretical *modus medendi*, intended to subvert Homœopathy. If Dr. Bellows insists on becoming the champion of heterogeneous mixtures, he is running counter to that which has hitherto been considered established upon the basis of pure experimentation. Should he fail to make it appear that Hahnemann and his followers are, in this respect, in error, and those only who use poly-pharmacy *right*, the *onus probandi* rests on him. The "American Institute of Homœopathy" expelled Humphrey and denounced Lutze—will it endorse Bellows?

## CLINICAL CASE

BY I. S. HALL, M. D.

Read before the Central Homœopathic Medical Association of Maine.

In the new text book of *Materia Medica*, by A. Lippe, under *Natr. m.*, will be found the following symptom: "Dry cough from tickling in the throat, or pit of stomach, day and night." The author considers it a characteristic of *Natr. m.* This dry cough day and night is a quite frequent and troublesome symptom to the practitioner. I know of no other remedy of which it is as characteristic as the above. The use of *Natr. m.*, in the following case of acute bronchitis, seems to confirm this symptom, in so far as a single case can.

Miss L., aged 30, Sept. 14th, took cold a week ago from exposure to the air, and for the last four days has been confined to the bed. The cold commenced in her nose and throat, but passed rapidly to the lungs. When I saw the case it presented the following symptoms: Almost incessant dry cough day and night. Last night did not sleep at all, coughed so constantly. Lungs feel sore and raw when she coughs; thirst for large quantities; feels weak and doesn't want to move; pulse rather full and rapid, and tongue coated. On account of this continuous dry cough, and as the other symptoms seemed to correspond, I concluded to give *Natr. m.* I prepared the 200th potency in water, a teaspoonful every three hours. Saw the patient next day at 5 P. M. Cough much lessened in severity; slept well preceding night; does not feel the terrible weakness of some days past; lungs not as sore. I now gave *Sac. lac.* On the next day the improvement was marked. Cough loose, not at all troublesome, no soreness of the lungs, and the weakness and fever have to a great extent disappeared. I saw the case once or twice more, but will not detail it further. Sufficient to say, the recovery was rapid and complete, with no other medicine than the *Natr. m.*, except a single powder of *Coff. 2<sup>a</sup>*, which I gave for the nervous sleeplessness of that remedy, which later seemed to trouble the patient.

## CLINICAL CASE.

BY F. W. PAYNE, M. D.

Read before the Central Homœopathic Medical Association of Maine.

Mrs. L., aged about 35 years, has been in feeble health since second child was born, five years ago. Since last confinement (May 23d, 1867) has been suffering from extreme prostration, attended with various symptoms, many of which were referred to uterine region.

From August last has been suffering from a severe prosopalgia, of more or less severity, mostly confined to right side, although at times extending to left side, whole of chest, and to all parts of body and extremities, the pains being mostly of a burning or smarting character, sometimes twitching or lacinating, or prickling, as if pins were being thrust into the parts, affecting face, ear, eye, with a feeling as if wanted to keep them closed; temple, nose, jaw, throat, roof of mouth, tongue and teeth, (molars of lower jaw,) these having become loosened, and the gums spongy and sore.

Has a feeling at times as if wind was blowing on affected side of head, sometimes as if cold water was dropping; general trembling of extremities, more perceptible in the hands; feeling of coldness of entire body from the least exposure, as from lifting the bed-clothes; feet and legs cold to the knees; short and quick breathing on the least muscular exertion; much of the time a cold perspiration on body; twitching, starting and moaning in sleep; very tired and languid, can scarcely stand alone; sunken, dark appearance about right eye; no appetite.

Pains are aggravated at night; during motion; by bathing affected parts; by applications of heat, and by taking liquids or solids into mouth, either warm or cold, which make the gums feel as if burned. Face feels sore from reclining the painful side on the pillow.

Better during rest in the day-time and at intervals. Gave many remedies which seemed to be more or less indicated, without much, if any, apparent relief, with the exception of *Nux. mos.*<sup>3</sup>, which seemed to have quite a controlling influence for a short time, but as soon as the pain ceased, a very profuse and exhausting diarrhoea set in, some twenty or thirty operations at night, and only at night, no discharge during the day; this soon yielded to treatment, but reduced her very much; as soon as the abdominal symptoms disappeared, the facial neuralgia returned with its usual severity, notwithstanding the same and other potencies of *Nux. mos.* were used. † last gave *Kreos.*<sup>200</sup>, (Oct. 2d,) since followed by *Sacc. lact.*, with great apparent relief to her pain and general condition. This remedy was selected from seeing some remarks under the Clinical observations, of Kreosote, which directed me to its use, and also the symptoms, "drawing headache, with closing of the eyes, as if by force, from the right frontal cavity to the right jaw. Tearing in the right side of the face, proceeding from the border of the lower jaw, extending to the temple in the evening, or waking him from sleep at night, and extending to the ear, with stitches in that part, nightly pains, aggravated on moving," but which seemed to me to be used rather as a dernier resort, although comparing somewhat closely with the symptoms. The pains have since returned in a greatly modified condition, but which readily yielded to a lower potency of Kreosote.

## DEPARTMENT OF MATERIA MEDICA.

*Fragmentary Provings of Arsenici Iodidum and Calcis Iodidum.*

BY W. JAMES BLAKELY, M. D.

ARSENICI IODIDUM. March 25, 1866. 5 P. M. Took one-half gr. 2d dec. trit.

7 P. M. Took one grain 2d dec. trit.

7.15 P. M. Peculiar chilliness of the left thigh, followed by formication and weight in the left foot; the latter afterwards extended up the left leg; the clothes when touching the limb feel cold; the formication and weight afterwards extended to the right foot and are partially relieved by walking; the chilliness disappeared on the application of warmth; the chilliness began on the posterior surface of the thigh, and was noticed more particularly there. (a.  $\frac{1}{2}$  h.)

7.45 P. M. An unpleasant, slightly painful formication on the external border of the left foot, followed by a burning pain on the left instep. (a.  $\frac{3}{4}$  h.)

8 P. M. Formicating prickings on the extreme left ankle, followed by the same on the inner right ankle. (a. 1 h.)

Intermittent pain in the first right upper molar tooth.

8 P. M. One and a-half grains 2d dec. trit.

8.20 P. M. Burning heat in the back (lumbar region) as if the clothes were on fire. (a.  $\frac{1}{2}$  h.)

Persistent itching on various parts of the body, especially of the back.

10.20 P. M. Tired, weary feeling in the calves of both legs, while kneeling. (a. 2 h.)

Constant yawning; he becomes sleepy much earlier than usual. (a. 2 h.)

Weakness of the eyes with burning pain; a feeling as if lachrymation would set in. (a. 2 h.)

Itching on various parts of the body; itching over the back. (a.  $2\frac{1}{2}$  h.)

Itching of the back of the left hand, followed by stinging itching of the back of the right hand. (a.  $2\frac{1}{2}$  h.)

Several times had a pain in the right temple.

March 26, 10 A. M. Three grains 2d dec. trit.

11 A. M. Dull, heavy soreness of the calf of the left leg. (a. 1 h.)

Dulness of the head, with dull pain in the left malar bone and occasional slight frontal headache, the entire morning.

1 P. M. An exceedingly sharp pain in the forehead and in both ears, especially the left ear, when riding in a sharp cold wind. (a. 3 h.)

2.15 P. M. Took four grains 2d dec. trit.

A very severe, laming pain in the calf of the left leg, afterwards embracing the entire leg, disappearing during active motion, returning when at rest.

The abdomen is hard and distended with flatus, which is constantly discharged.

Severe cutting pains in the abdomen as if he would have a stool; he had no stool, but large quantities of wind escaped; these pains are partially relieved by an escape of flatus and by the application of warmth to the abdomen. (a.  $8\frac{1}{2}$  h.)

9 P. M. Sharp, cutting pain in the abdomen which warned him to go to stool; the pains became excruciating, embracing the entire abdomen and obliging him to bend almost double; after a great deal of straining he passed a large, soft stool which afforded some relief. (a. 11 h.)

March 27. Severe frontal headache, with dulness of the entire head during the forenoon, with stiffness and soreness of the left side of the neck, worse when moving the head.

11.30 A. M. Headache all over the head. (a. 25 h.)

Heaviness of the limbs with weariness of the whole body.

11.30 A. M. Took three grains 2d dec. trit.

Soreness of the back, especially of the back of the neck, as is he had been beaten.

11.40 A. M. Pulse irregular, 96; in health is about 75.

CALCIS IODIDUM. Proving of W. James Blakely, M. D.  
December 9, 1866, 9.30 P. M. Took three grains 1st cent.  
trit.

Taste at first sweetish, afterwards slightly astringent and metallic.

Dull, heavy pain in the forehead; sharp and piercing pain in the right temple. (a. 10 m.)

Dull, heavy lameness in the right arm (posterior surface.)

Severe dull aching over the forehead and sides of the face, worse in the right temple.

Persistent itching on the right elbow followed by the same on the left knee.

Severe aching in the forehead, afterwards most severe in the left temple.

Fulness in the forehead, aggravated by stooping.

Severe laming pain in the external portion of the right arm, with numbness of the hand and fingers.

On awaking in the morning he had still the same dull aching as he had the previous night. (a. 10 h.)

December 10th, 7.50 A. M. Took three grains 1st cent. trit.

Immediate attack of the same dull headache as he experienced after the first dose.

Constant evacuation of large quantities of wind downwards.

10 A. M. Took three grains 1st cent. trit.

Very severe headache over the forehead and in the temples while riding against a cold wind. (a. 1½ h.)

5.20 P. M. Took three grains 1st cent. trit.

Itching in various parts of the body, disappearing and re-appearing in other places, only relieved after much scratching. (a. 1 h.)

7.20 P. M. Took one-half grain Calc. iod.

Mouth and gums burn like fire; astringent taste, like alum; severe dull headache in the forehead and both temples, especially the right. (a. 5 m.)

Pulse 80; regular and soft. Tired feeling in the lower

limbs, especially in the calves of the legs, and weariness of the whole body.

December 11. Ever since first taking the drug he has had a constant dull pain over the forehead and in the temples. (3d day.)

1.30 P. M. Six grains 1st cent. trit.

Severe headache in both temples, while making the 2d cent. trit.

10.15 P. M. Three grains 2d cent. trit.

Dull pain in both temples, especially the left, in the forehead and over the root of the nose. (a.  $\frac{1}{2}$  h.)

Slight pain in the abdomen. Pain across the anterior surface of the upper third of both thighs, as if he had been beaten.

December 12, 8 A. M. Severe dull pain in the forehead and over the right side of the face, with dull pain in the first upper molar tooth on the same side on awaking in the morning. (a. 10 h.)

Evacuation of large quantities of wind after rising. (a. 10 h.)

Proving of Mr. J. L., aged thirty; nervo-bilious temperament; lively disposition.

December 10, 1866, 10.15 P. M. Took three grains Calc. iod. 2d c. trit.

11 P. M. Light-headed. Easy indolent feeling; indifference to any thing which may happen; sensation as though my head wasn't, yet was. (As I did not see the prover again, I cannot explain this "sensation." W. J. B.)

11.10 P. M. Numbness and ringing in the ears; inclined to belch wind. (a. 1 h.) Slight hiccough.

11.20 P. M. Rumbling in the bowels, with discharge of wind.

11.35 P. M. Slight nausea; dry furred feeling on lips and tongue. (a.  $1\frac{1}{4}$  h.)

December 11, 7 A. M. Slight giddy headache; pain over the eyes and stiffness of the back of the neck.

7 A. M. Desire for stool, with great discharge of wind.  
(a. 9 h.)

7.20 A. M. Took three grains 2d cent. trit.

8 A. M. Stiffness of neck continues.

9 A. M. Bitter taste in the mouth but not disagreeable,  
like myrrh.

9.20 A. M. Bitter taste partially relieved by tobacco.

December 12, 7.30 A. M. Took three grains 2d cent. trit.

11 A. M. No symptom save the fulness of the head.

11.35 A. M. Slight pain in the head, with heaviness over  
the eyes and nose.

The above "fragments" are published with a view of attracting attention to the medicines, which will be thoroughly proved after the experiment with the *Arseniate of Copper* has been concluded. When that time shall arrive we hope to receive ample assistance in the work. As yet our request in the October number, regarding the proving of the *Arseniate of Copper*, has met with only one response. We trust soon to receive others.

W. J. B.

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## NECROLOGICAL RECORD.

The close of the old year reminds us that quite a number of our colleagues have passed away; and we have preferred to arrange in one paper the obituary notices.

J. RUTHERFORD RUSSELL, M. D., London, Dec. 22, 1866.

Dr. Russell, although comparatively a young man, was an eminent physician, and author of several valuable Homœopathic works.

H. M. SAXTON, M. D., Kokomo, Indiana, Oct. 6, 1866.

M. C. ERNSBERGER, M. D., New York State, Jan., 1867.

J. A. KNIGHT, M. D., Nashua, Iowa, Feb. 24, 1867.

J. F. ERVING, M. D., Oskaloosa, Iowa, Feb. 25, 1867.

C. A. LEECH, M. D., Philadelphia, April 11, 1867.

Obituary notice, vol. ii., p. 516.

Dr. WATZKE, one of the "Vienna Provers," July 1, 1867, aged 64.

E. A. POTTER, M. D., Oswego, New York, July 29, 1867, aged 61.

Dr. Potter was an ex-President of the N. Y. Central Homœopathic Medical Society. "Homœopathy had no firmer, no truer friend than he," who believed and thoroughly practised it, dying in the harness, in the midst of success.

C. S. WILSON, M. D., Moorestown, N. J., Aug. 1, 1867.

Dr. Wilson was a recent graduate in medicine, a young physician of excellent acquirements and great promise.

SMITH ROGERS, M. D., Battle Creek, Mich., Sept., 1867.

L. KENDALL, M. D., Cleveland, Ohio, Sept. 20, 1867.

JOHN D. MOORE, M. D., Burlington, N. J., Sept. 20, 1867.

Dr. Moore was a Christian gentleman, and an esteemed and successful physician; cut off in the midst of his usefulness, he is regretted by all who knew him.

C. C. WAGGONER, M. D., Cedar Rapids, Tenn., Sept. 24, 1867.

J. C. PETERSON, M. D., Waterloo, N. Y., Oct. 7, 1867.

The past year has also been rendered memorable in the annals of the Medical Profession by the decease of two of its most eminent members, Drs. VELPEAU and RAYER, of Paris.

## NEURALGIA CURED BY A HIGH ATTENUATION.

BY A. M. CUSHING, M. D.

May 20th, 1866. I was called to see Miss S—, aged seventeen. When I arrived, I found the mother and other friends had taken as they supposed the last look of the dear one, and were waiting in an adjoining room for death to bring relief. I found her unconscious, pulse feeble, irregular, almost imperceptible, skin cold and clammy; every thing seemed to indicate immediate death. She had been under Homœopathic treatment several months. I diagnosed neuralgia of the heart, and in five weeks had the pleasure of seeing her well.

In February last, she had another attack in the night, sudden and severe. An allopath being near was called, said it was colic, and would soon be well. With promises and potions, he kept her five weeks gradually growing worse. At that time, March 27th, 1867, I was called, and found her emaciated, stupid headache, fainting turns, no appetite, thirsty, pain in bowels, nausea, very costive, severe bearing-down pains, &c. Examination revealed prolapsus uteri. Replacing the uterus relieved the bearing-down pains and nothing more. The patient daily grew weaker, more restless, pains more severe, bowels more costive, (injections did no good,) a distressing cough came on, and death seemed inevitable.

I had given remedies mostly of the 3d decimal. Cypripedin tincture gave the most relief, but of short duration. After five weeks of anxious care, the following were some of her symptoms. At 4 A. M., *much worse*, pains more severe, cries and screams; slight spasms, is *cross and peevish*, bowels costive, pain in hypogastric region, extending down *inside of right leg*; all other symptoms grow worse. Nux vomica 3d has given no relief. Give Nux vom. 2000 one dose, next day much better, gave no more medicine. The patient was soon well, and able to pay my bill.

## SURGICAL CASES

*Treated at the Public Clinics of the Homœopathic Medical College of Pennsylvania.*

BY MALCOLM MACFARLAN, M. D., Professor of Surgery.

CASE I.—Oct. 16, 1867. J. C., aged thirty-seven, a shoemaker, of nervous sanguine temperament and slight frame; presented himself with the following history of his case. Ten months since, what seemed to him a boil made its appearance on the posterior surface of the right forearm at its middle third.

The accompanying swelling became black, spread rapidly, and was followed by ulceration, leaving an irregular slough covering the whole posterior and part of the anterior surface of the forearm. The constitutional symptoms were continuous fever, diarrhœa, restlessness and anorexia. Since then the ulcer has neither increased nor diminished, and he now complains of nothing but debility and emaciation; he is unable to extend, supinate or pronate the forearm. Nitric acid<sup>300</sup>, one dose was given and repeated during the month. Nov. 6th. The ulcer has bridged over, and concentric rings of new tissue have formed around its borders. Nov. 13th. The discharge becoming thin, ichorous and offensive, one dose Silicea<sup>300</sup> was given. Nov. 30th, under the action of the last remedy the ulcer has healed faster than ever, his vision which has hitherto been spotted and imperfect suddenly became clear, his appetite and spirits are improved, and he has partially regained the lost movements of his forearm. The ulcer is not larger than a penny.

CASE II.—Mrs. M. J., aged forty-eight; lymphatic temperament. Received, last June, a blow from a sharp piece of wood, on the sclerotica of the right eye at its outer canthus. The injury was accompanied with intense pain, lasting for

some days; on removing the bandage, she was unable to see with the affected eye. The eyeball was found much enlarged, and there were still traces of inflammation at the original point of injury. The pupil was much dilated, the lens appeared opaque, and was pushed towards the anterior chamber. The ophthalmoscope and Sanson's test indicated cataract, the result, no doubt, of the mechanical injury.

Under the reasonable supposition that the vitreous humor was sufficiently clear to transmit light, and that the slight loss of humor would relieve tension of the eyeball, it was deemed advisable to extract the lens. This was done without etherization by making the superior corneal section, Beers' knife lacerating the capsule in its passage through the anterior chamber.

The lens was found to be of grayish hue and friable, of the variety known as "soft cataract." One or two drops of humor were lost, the parts cleaned, the corneal flaps nicely adjusted and Zinc<sup>300</sup> given. The case was then confided to Messrs. Breyfogle and McGeorge, who carefully attended to the details of its after-treatment. Nov. 30th. The corneal flaps have now united. The intense pains in orbit and parietal region have disappeared, and the case progressing favorably.

CASE III.—Oct. 23d. A. B., boy aged sixteen; very delicate; leucophlegmatic temperament. The previous history of this case is very obscure. Some years since he complained of tenderness, lameness and beating pain in the right femur. The whole extent of the bone has gradually enlarged since to three times its original circumference; rarely being free from pain. There is some shortening and atrophy of the flexor muscles. He has profuse night-sweats; occasional diarrhoea with slight fever and flushed face in the forenoon. The right leg is always cold, and covered with offensive perspiration. There is an abscess two inches above each condyle, leading directly through the opening in the shell of new bone, by which the detached spiculæ of the old femur and pus is constantly being discharged. The detached sequestra

are made to fluctuate by pressure of the probe passed through the clocca. Prof. Guernsey suggested *Silicia*<sup>300</sup> one dose, which was given and repeated twice within a month. Nov. 18th. Night-sweats; foul perspiration on the feet and fever have disappeared. The boy's appetite has greatly improved; pus from being grumous has become rich and laudable, and bowels are now regular. Dec. 3d. Many pieces of bone came away during the past week; he feels stronger and is able to bear some weight on the affected limb.

CASE IV.—Nov. 14. J. D., boy aged ten; fell through the roof of a green-house, the glass lacerating his knee; simple dressings applied by his parents failed to heal the wound entirely, and attempted motion was accompanied with severe pain. By enlarging the opening above and introducing a probe behind the patella, a triangular fragment of glass was detected and extracted, measuring one and a-half inches in length. The wound was closed by adhesive strips, and a fortnight later the boy was able to use the knee freely.

CASE V.—Nov. 16th. Miss R. J., aged twenty; presented herself with a small cystic tumor on the inner surface of the lower lip, which had been some months in forming. Ligatures were passed through its pedicle and the mass strangulated. It came away on the fourth day.

CASE VI.—Nov. 20th. G. W. P., aged thirty-two; stout and vigorous; has had toe-nail ulcer of the right great toe for ten years; has been drunk for nearly a fortnight past, and the parts now appear in a semi-gangrenous condition. After etherization flaps of hypertrophied tissue were cut from the side of the last phalanx and the whole of the buried nail exposed and dissected from its matrix; simple dressings and *Merc.*<sup>300</sup> was given, which resulted in his being able to wear a boot after a fortnight.

CASE VII.—Nov. 16th. Mrs. M. D., aged forty-five; has constant pain, referable to interior of the right cheek, which occasionally swells; states that some weeks since a dentist, in extracting the second molar tooth, brought away fragments of bone (alveolar process), that the cavity inflamed, never

healed over, and constantly discharges pus. The alveolar process is seen exposed and very irregular. A small syringe transmits a jet of water which is felt immediately in the nares and pharynx, showing free communication.

Two triangular flaps with their bases parallel to each other were dissected from either side of the opening, and adapted to each other so as to cover the orifice and exposed bone, their edges being retained by sutures. A fortnight after, the woman presented herself with the flaps adherent and the opening closed.

CASE VIII. J. S., delicate boy of eighteen, with staphyloma of the left eye of some years standing; the right eye at the same time took on sympathetic inflammatory action, but loss of vision was averted by Dr. Tyndal. An attempt was made Nov. 6th, to remove the deformity by evacuating its contents, but failed. Nov. 30th. The eyeball was extirpated by passing a tenaculum into the eyeball, traction being applied by an assistant, the conjunctiva separated by the straight spring scissors, the muscles hooked and divided at their attachments, and enough of the posterior coverings of the eyeball left to form a cushion for an artificial eye; Zinc.<sup>300</sup> was given.

CASE IX.—Nov. 2d. J. C., aged forty-five; bilious temperament and stoutly built; gives the following history of his case: About six years ago his eyes began to grow dim, could not bear the light; his eyes watered constantly, and mostly in the morning. The margins of his lids and eyeball readily inflamed. He has been treated at the eye hospital in this city with caustic collyria, which only aggravated his symptoms. He cannot now see to read, and a halo appears round the gaslight. One dose Sulph.<sup>300</sup> was given. Nov. 13th. He reports a great deal better. Nov. 30th. The improvement continues, and says he can see better than he has done for years.

## NEW PUBLICATIONS.

Through the politeness of Henry Turner & Co., 77 Fleet street, London, we have received a copy of a new work, entitled,

**A MANUAL OF PHARMACODYNAMICS.** By RICHARD HUGHES, L. R. C. P. E. D. (Exam.) M. R. C. S. Engl.

It gives us much pleasure to be able to embrace this opportunity to express our most unbounded admiration of the work before us, and we hope sincerely that this first volume, treating on Pharmacodynamics, will speedily be followed by the second volume, treating on Therapeutics.

It gives us no small degree of pleasure to express our admiration of *consistency*; we admire it above all ordinary virtues, and the more so as it is so rarely found anywhere, and as it has been a stranger among us for some time. Prescriptions have been sent through the land, and a remedy proposed to avoid a split in the profession, and before us is one of the fruits of the brotherly embraces of the compromising philanthropists. We always thought we knew where to find our respected and learned colleague, the author of this new work, and we have not been disappointed in the least. The editor has carried out this work on the same plan, adopted the same principles, that have been so stubbornly supported by the "British Journal of Homœopathy" and the "Monthly Homœopathic Review;" principles—and, emanating from these, a practice—peculiar only to their *comprehension* of Homœopathy, have been *consistently* promulgated and defended by them.

As far as this work purports to be "*a Manual of Homœopathic practice*," and as far as its object is "*to set forth the sphere of action of each medicine*," it resembles very much a Christmas plum-pudding with the raisins, currants, candied orange, lemon, citron, etc., left out. The attempt of the author to furnish the students and beginners in Homœopathy a full *digest* of the knowledge peculiar to our school of medicine is a failure; and only in so far is it in accordance with facts, as this *digest* of the knowledge peculiar to our school of medicine corresponds with that very peculiar comprehension of Homœopathy by a class of physicians, represented by the author, with all of Hahnemann's teachings left out.

We find an attempt made to press the Homœopathic

materia medica into an Allopathic livery; and although, so served, it may be more acceptable to the delicate taste of the common school of medicine, the giant Homœopathy must necessarily be first stripped of all his characteristic peculiarities before he can slip into the narrow livery (shroud) of the helpless pharmacodynamia of the Old School of medicine. The object seems to be to add to the numerical strength of our school friends and practitioners, by making it an easy task to digest the knowledge peculiar to our school. If that could be done in the manner proposed, the great object to popularize our school would be obtained; but we most sincerely "guess" that the student and beginner in Homœopathy will learn nothing peculiar to our school in this work, and if he possess no more knowledge than is there offered to him, he will fail to cure. The popularity of Homœopathy, and its unfailing success, depend solely on the *cures* under its application, and these *cures* care not for the livery of the prevailing school, the strongest numerically, but depend on the skilful application of the principles and practical rules taught and promulgated by Hahnemann; and neither are his principles or practical rules, or any of his teachings, not even his *Materia Medica Pura* and *Chronic Diseases*, accepted as truths by the learned author.

Notwithstanding our objection to the work as a manual of Homœopathic practice, we must point out the "consistency" of the author.

*Consistent* with former declarations that the characteristics of medicine consist in their pathologico-physiological sphere, the Homœopathic remedies are now offered dressed in Allopathic livery, under the fallacious expectation that so dressed they will be better able to combat disease.

*Consistent* in dishing up again errors so often corrected that it is scarcely possible to look for a resurrection of them in 1867, and that at 77 Fleet street, London (*vide* Lachesis and the "American Homœopathic Review," vol. iii. p. 552). The serious doubt expressed as to the correctness of provings with potencies is perfectly childish, as if the Vienna provers had not salted this doubt down with *Nat. mur.* 30 never to rise again a live body.

*Consistent*, but unmindful of Hahnemann's warnings, the author has taken up in preference such unproved remedies as have been lately published (resembling an abortion, and by the author on "abortion") as "new remedies." The unproved remedies have been particularly petted, and such

among the "new remedies" as had been really proved by somebody, as, for example, *Arum triphyllum* and *Lachnanthes*, were left out in the cold to keep company with *Lithium*, *Theridion* (only proved in the 30th potency), *Bufo*, *Strontiana*, etc.

*Consistent* when we are told (p. 6) "that the cure depends upon the affinity of the drug for the organ whose structure or function is affected;" and in illustration of this proposition we are told (unfortunately the illustrations are a dangerous proceeding, and the adherents of the school the author represents do not often forget themselves in such an exhibition of the abandonment of pure assertions): "*We know that Belladonna causes heat, dryness, and redness of the throat; and we infer that it acts specifically upon the mucous membranes of the fauces, and after the manner known as inflammatory irritation.*" The inference to be drawn from this sort of reasoning would be that all cases of inflammatory condition of the fauces will be cured by *Belladonna*. Such is not the case; such teaching is not only erroneous, but in bold opposition to the doctrines peculiar to the Homœopathic school of medicine.

The sensation of dryness in the throat is less characteristic of *Belladonna* than of *Mercury*, which has also caused as much heat and redness as has *Belladonna*. Heat, dryness, and redness of the throat are not only produced and cured by *Belladonna*, but also by *Mercurius*, *Nitric acid*, and *Apis mel*. If we therefore wish to be consistent Homœopaths (how fortunate that the title-page has no such word on it!), we must go back to Hahnemann's teachings, and learn to find for *each* individual case of inflammatory condition of the throat its *specific* remedy, and learn that the characteristic symptoms of the patient and of the remedy point to that specific in each individual case. All attempts to generalize will fail, and the pathological hobby-horse of cure which will lead us to ride half asleep into a certain manner of cure has not yet been invented. As an illustration (and we are exceedingly fond of illustrations), let us take a case "*of inflammatory irritation of the throat,*" with heat, dryness, and redness. In one case the tongue is flabby, the impressions of the teeth are visible on its edges, the mouth continually fills with saliva, the throat is painfully dry, and there is also present a great desire to swallow, which is impossible; this inflammatory condition will find its remedy in *Mercury*, and not in *Belladonna*.

In another case there are present burning and soreness of the throat, the corners of the mouth are ulcerated; heat, dryness, and redness of the throat are also present; such a case will require Nitric acid, and not Belladonna.

In another case we find, in addition to the heat, dryness, and redness of the throat, a burning, stinging pain, the tongue dry and swollen; then Apis mel. will cure the case, and not Belladonna.

In still another case the throat is hot, dry, and red, the œsophagus feels contracted, there are spasmodic contractions of the throat, preventing deglutition; in such a case Belladonna will cure, and neither Nitric acid, Apis, nor Mercury will be of the least service.

But what is to be done by the student or beginner in Homœopathy in a case of "*inflammatory irritation of the throat*," in which heat, dryness, and burning are absent? Or does the learned author contend that these three symptoms are always present, and determine *that* pathological condition? If the students or beginners read the "*Organon of the Healing-Art*," written by Hahnemann, they will not burden their shelves with this volume, and they will escape all such dilemmas as this kind but benighted friend will surely prepare for them.

At the close of the introduction the author expresses his hope that we shall not irretrievably founder upon any of the quicksands of our *Materia Medica*. There is not the slightest danger of such a misfortune, if we only allow Hahnemann's doctrines to hold the helm; we will then make use of what treasures we possess in our *Materia Medica*, we will understandingly apply it, and not founder on any quicksand. But if we throw Hahnemann and his compass overboard, and implore the pathological school to direct our course, we will irretrievably shipwreck.

To make good our assertion that the book is useless to the student and a false guide to the beginner, we will look into the text itself.

We take up *Natrum carb.* The author says: "*The proving is in the 'Chronic Diseases.'* *Natrum carbonicum* is one of those puzzles with which the volumes of the *Chronic Diseases* abound. \* \* \* I know not that it has effected a cure worth placing on record. \* \* \* I have never used it myself. \* \* \* I cannot explain the puzzle. \* \* \* I feel no disposition to analyze a pathogenesis of such questionable value." A very honest confession, to be puzzled with *Natr. carb.*, and that

puzzles abound in the volume of the Chronic Diseases. From this acknowledgment of being puzzled we must draw the inference that the author is not the most reliable person to be trusted with the preparation of a manual of Homœopathic practice, the object of which is to set forth the sphere of action of each medicine.

Natrum carb. is an indispensable antipsoric remedy, and has cured many a chronic disease in the hands of such Homœopathic physicians as follow Hahnemann's teachings. Its sphere of action on the eyes, abdominal viscera, and uterus is very extended. In prolapsus uteri, in induration of the neck of the uterus, in the predisposition to miscarriages, it is indispensable. And what practitioner has not made many a cure, guided by symptom 602, "Pressing in the abdomen, towards the genitals, as if every thing would protrude, and as if the menstruation would appear?" And we find in it symptoms similar to some of those stated to correspond with new remedies; as, for instance, symptom 188: "A sensation in the left nostril as if a hard body had lodged there which could not be removed by blowing the nose." Sticta pulm. (which the author omits) has a similar but different symptom. One nostril (the left) feels as if some cotton were obstructing it high up in the nose, with incessant, unsuccessful inclination to blow the nose.

Under *Glonoine*, p. 290, we are told: "*It was not of course to be expected that the drug should be used therapeutically on our principle: it was rather given as a sedative.*" We do expect that every Homœopathician uses a drug only under the guidance of our principles, and therefore according to the similarity of symptoms. Homœopathy knows no "sedative." Further, p. 29, "*Our choice at the bedside often lies between Glonoine and Belladonna.*" There are huge differences between the cerebral congestions of Belladonna and Glonoine. As we intend to enlarge on this subject in a subsequent paper, we will only mention here that Belladonna has an aggravation of headache, and congestion, when lying down, while Glonoine has an amelioration of its head symptoms in the horizontal position. Belladonna headache and congestions are aggravated when uncovering the head (therefore its homœopathicity in the bad effects from having the hair cut), while Glonoine has as decided amelioration of its head-symptoms when uncovering the head.

We cannot but deplore the direction which our present literature takes, and as one wrong step must lead to subse-

quent ones, so in this case. Our English Homœopathic literature consists mainly in the translated standard works of our school. Had this translation been made faithfully and correctly, we would not be compelled to perform the very unpleasant task of correcting errors. These translations come before the public generally well endorsed, and this very fact caused a disbelief in the truthfulness of the various expositions of the errors, omissions, and falsifications of the translator. These errors, etc., have been so often repeated that it must astonish any one that all the corrections have been of no earthly use; we see them repeated even in this late work, to the great disadvantage of our school.

And the great prevailing desire to increase our numerical strength by adopting principles of expediency, and trying to conciliate the dominant school, brings forth works like this. Were we only influenced by principles, did we strictly adhere to the fundamental principles of Homœopathy, we might be numerically a smaller body, but our strength would by far outweigh numbers; our literature would not be so voluminous, but would be the better for being sound; and even our opponents would respect us more for our consistency and strict adherence to principles. The great error of the author consists in his attempt to "compromise" and to "generalize," which we always have and forever shall declare wrong in principle and detrimental in practice.

A. L.

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**THE SCIENCE AND ART OF SURGERY; EMBRACING MINOR AND OPERATIVE SURGERY.** By E. C. Franklin, M. D., Prof. of Surgery in Hom. Med. Coll. of Mo. Part II.

The first part of Dr. Franklin's work on surgery received an extended notice on its first appearance. The crowded state of our pages has hitherto prevented us from affording so much space to a review of the second part as the importance of the work would justify. In the next number of the "Monthly" we shall be able to give a fuller notice, if not a regular review of this part, which completes the first moiety of the work.

THE QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE. Edited by William A. Hammond, M. D. Vol. I., Nos. I. and II., July and October, 1867. Published by A. Simpson & Co., No. 60 Duane street, New York, at Five Dollars a year.

We receive the numbers of this ably conducted and beautiful Journal just as our last form goes to press. Every intelligent Physician, who wishes to do justice to himself and his patients, whatever his peculiar Medical creed or mode of practice, should take this Journal, and carefully peruse the very important articles which enrich its pages.

The principal articles in the first number are:—*Original Communications*: On Instinct, its Nature and Seat; Dr. Merlin, and his Influence on the English character and Literature; on Organic Infantile Paralysis; each by Dr. Hammond, the editor.

*Selections and Translations*: Aberration of the Sexual Instinct; Remarks on Diseases of the Nervous System; Locomotor Ataxia; on the Treatment of a certain class of Destructive Patients; Nightmare in Children.

*Reviews and Book Notices*: Ancient Punishments in France; Idiocy and its Treatment; Insane Asylums in France.

The principal articles in the second number are:—*Original Communications*: The Negro as a Soldier, by Sanford B. Hunt, M. D.; Review of the Trial of Mary Harris, by R. L. Parsons, M. D.; the Dangerous Classes of Community, by T. E. Clark, M. D.

*Selections and Translations*: Suicidal Monomania, translated from De Vivier's Work on Melancholy, by E. S. Dunster, M. D.; On Dreaming, considered especially in relation to Insanity, by T. M. Madden; Application of Electricity to Therapeutics, from the French of M. Becquerel, by E. S. Dunster, M. D.

*Reviews*: The Psychology of Celibacy; the Physiology and Pathology of the Mind, and various important biographical notices.

We regard the publication of so ably conducted a Journal as this, bearing the title of *Psychological Medicine*, as marking an important era in medical science. In the pages of the Monthly, we have endeavored to show how all true Therapeutics must necessarily be independent of Material-

ism. We believe that even in Pathology—"these severe afflictions not from the ground arise." That while many of "the ills that flesh is heir to," do indeed in great part arise from influences proceeding from the external world, the most powerful morbid influences are psychological rather than physical in their nature; and that therefore we need to look upward towards psychology rather than downwards towards the physical and material sciences, in order to secure that progress in Therapeutics which is required by the general culture no less than by the actual needs of the present age. And this all the more, since even the material causes act principally, if not altogether, by means of their reflex influence, from the nervous centres (*the conscious and the unconscious sensorium*) back upon the physical organization itself. And we think,—however much men, like Dr. Hammond, of the highest learning and profoundest acquaintance with the natural sciences may protest against the doctrine,—that both from the inseparable connection of its fundamental law of cure with the constitution of external nature, and from the affinity of its immaterial medicines with the internal (psychological) constitution of man, *Homœopathy will prove herself to be the only true Psychological medicine.*

The light which gives light to discover light, *ad infinitum*, is from above; under such light even the pathological waste-places, the darkest ultimate forms of disease, become illuminated. By means of such light we shall all, Allopaths and Homœopaths, eventually arrive at the true science of medicine, and shall all be at one, in proportion as we perceive, accept and practice such scientific truth.

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NEW YORK MEDICAL JOURNAL. Edited by W. A. Hammond, M. D., and E. S. Dunster, M. D. Monthly, ninety-six pages. Published by A. Simpson & Co., No. 60 Duane street, New York, at Five Dollars per annum.

Nos. 1 and 2 of Vol. VI., October and November, of this valuable Monthly, just received; in our next, we will give a more particular notice of their contents.

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TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. 1866-1867.

## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHIEY, M. D., Secretary.  
BUSHROD W. JAMES, M. D., Scribe.

The regular monthly meeting was held November 14, Dr. GARDINER, President, in the chair.

R. W. MARTIN, M. D., was proposed for membership and duly elected.

A letter from MICHAEL FRIESE, M. D., of Harrisburg, asking for co-operation of members in compilation of Homœopathic Clinical Cases for next meeting of the State Society was read. On motion the communication was accepted and ordered filed. Dr. Williamson then read, as per announcement, an able, elaborate and highly-interesting paper, which is printed in this number of the journal.

On motion, the thanks of the Society were extended to Dr. Williamson for his essay.

The discussion was then proceeded with, as follows:

Dr. DAVID JAMES.—I think Dr. Williamson has thrown the door too wide open. If the same morbid cause, in the same family, would produce several different and distinct forms of disease, it is impossible to classify diseases distinctively. This diversity in individuals as to diseases, is true also as to remedies. I have had patients with whom *Bryonia* in any potency, high or low, would produce vomiting. This results from temperament or idiosyncrasy. *Opium* will in one person produce a certain chain of symptoms, and another chain in another person. I should be very glad, indeed, of a classification of remedies upon the basis of their action on certain tissues, if in so doing the door be not thrown too widely open and permit the admission of too much.

Dr. FROST said, while it is true that different individuals are differently affected by various drugs, nevertheless, in the main, the principal symptoms of a drug are similarly manifested in all individuals. *Tobacco*, for instance, will produce its most prominent symptoms, as nausea and vomiting, no matter how, or by whom taken. The prominent symptoms are the same in all provers. It is only the less prominent ones that are influenced or modified by the peculiarities of the prover.

The difficulties we meet with in our efforts to classify remedies, lie in the *Materia Medica* itself. In the various publications of the provings, the natural history and order of the symptoms have been lost. Drugs, and diseases as well, are not generally limited in their operations to a single tissue, but in their course of action take up a variety of tissues and pursue a regular order. When we are able to arrive at the natural history and order of production of symptoms, in drug provings, we will be able to properly classify our remedies, and not till then. Dr. Williamson's proposed plan of classification seems to be based on the method inaugurated by Bœnninghausen.

Dr. WILLIAMSON stated that the ideas he had attempted to convey were developed through Bœnninghausen's proposed method. Bœnninghausen, however, had not the proper data or statistics for carrying on or perfecting the work, and we even now can hardly be said to have them.

Dr. FROST.—We have a very great number and variety of remedies already proved. These might be re-proved and the natural order of the symptoms obtained, arranged and recorded. Symptoms obtained from both low and high preparations should be separated, observed and registered, and a record kept of all symptoms, subjective and objective, and all disorganizations of tissues, if any such occurred. With our present knowledge of curative results we might then be able to classify the remedies, and then form a very valuable record.

Dr. GEORGE R. STARKEY then read an interesting paper entitled "*Is there such a principle in the action of drugs as Isopathy?*" On motion, the thanks of the Society were extended to Dr. Starkey for his communication.

This paper gave rise to an animated discussion.

Dr. VON TAGEN remembered a case he had had in his first year of practice. A lady 37 years old, who had been subjected to overdosing with calomel to such an extent that she lost almost the whole of the lower jaw. He had taken away from ten to twelve pieces of the inferior maxilla, perfectly necrosed, in a space of three weeks. The doctor gave Nitric acid as an antidote, without effect. He was then led from taking into consideration the totality of symptoms to give *Merc. sol.* 6th, and the patient under its use was relieved of all her symptoms.

Dr. JACOB JEANES expressed himself as much pleased with Dr. Starkey's paper, but did not like the name Isopathy. That name is associated with the giving of morbid products for the cure of disease; a nasty, dirty system of practice, and a poor way of curing patients. *Hydrophobin*, *Psorin*, and the other morbid products constituting the so-called Isopathic remedies, must be very uncertain in their action, being taken from different individuals and at different stages of the diseases that produce them. Let us adhere to Homœopathy strictly, and its remedies, derived from nature, may be had over and over again, always the same. We may be accidentally led to a remedy that we can hardly procure again. He had been told that the *Sepia* now in use is not as good as that first employed.

The curing of diseases by the same agencies that produce is not a new thing. It is the same principle by which we apply ice to frozen parts. A Russian meeting his friend in the street, and rubbing snow on his nose, seeing it frost-bitten, is acting under that principle. Persons also who are suffering from taking too much liquor will be benefited by small quantities of the article that they had become drunk on. He had been told that to do this was to keep up the old bad habit, but to give them morphia or opium was only leading them to another equally as pernicious. As to the main feature of Dr. Starkey's paper, his experience was not as good as that recited. To a patient who had symptoms of Asthma from large doses of *Lobelia* he had given small doses of that drug and produced a violent aggravation. In a case of mercurial-syphilitic rheumatism he had given a high preparation of mercury, and the patient declared she would take no more medicine. In another case of mercurial poisoning he had given the millionth of a grain, and the patient soon accused him of giving her more mercury.

Dr. JOHN K. LEE, while willing to admit as facts the cases recited by Dr. Starkey, was not willing to admit the existence of the principle Isopathy. It is antagonistic to Homœopathy, and he did not look

at the facts cited as proof of its truth. By routine practice in cases of poisoning by drugs, we give what are termed antidotes. Our true plan should be, in these drug cachexias, to shut our eyes to the producing cause and prescribe for the totality of the symptoms, as in other cases. In cases of chill and fever we do not take into consideration, in prescribing, the miasms that produce them, but regard only the *ensemble* of symptoms the patient presents. We should be careful how we admit any thing that seems like a new principle of cure, for by so doing we cast doubts upon the universality of Homœopathy.

Dr. STARKEY thought he had cleared up the point as to the procedures mentioned in his paper being Isopathy. He regarded it as pure Homœopathy, and thought that by proving it to be so he would remove the prejudice or indisposition to use remedies in this way, that some persons have. When the poisonous drug itself is removed from the system, the diseased condition remains and is to be cured by the totality of symptoms. Products of disease should not be discarded as remedies simply because they are nasty. We need not go outside of the domain of nature to find things that are nasty. He wished to make it plain that the remedy would cure or remove whatever of dynamic action of the drug remains in the system after the drug itself has been removed out of it.

Dr. WILLIAMSON said that in giving mercury for mercurial disease there is another principle to be considered besides the dose in which we prescribe it. Mercurial salivation is usually produced by calomel. We in prescribing for such condition, if we give mercury, give another form of it; so far removed from calomel as to be perhaps the proper Homœopathic antidote to it. The best antidote to the action of a drug is that drug whose symptomatology is most nearly analogous to the action of the first. He did not advocate the doctrine that any cause is capable of annihilating itself in disease. While there remains any of the drug in the system, still producing its effects, a small, or any other proportion of the same drug could not produce good results. He once attended a distinguished engraver in this city and thought he found in his case a perfect *similimum* in *Mercurius vivus*. He gave four powders with directions to patient to take a dose, and if not better in six hours, a second, and thus continue. On the next day he was informed that the first dose made the patient worse and the second nearly killed him. He was then told that his graving tool was tempered in a bath of quicksilver, and that while doing so he held his head close down to it and inhaled the fumes. This accounted for every thing. He was once called to see a gentleman who had a painless diarrhœa, very urgent early in the morning, with sallow face, etc.; all the symptoms being those of sulphur. That remedy, however, did no good, and upon inquiring into the producing cause, he was told by the patient that he had gone to Sharon Springs some time previously for the cure of an eruptive disease, and that then the diarrhœa had come on. No doubt the waters had produced it and Sulphur did him no good in consequence.

When we are called to antidote the dynamic effects of a drug, it is the same as antidoting the effects of a disease. We must select a remedy Homœopathic to the totality of the symptoms.

Dr. FROST said that the difference between Isopathy and Homœopathy had been well stated by Dr. Lee. The former is prescribing by rote; the latter according to the presented symptoms. How are we

to tell whether any of the drug remains in the system or not? It may remain for years. We do not propose to antidote the drug chemically, but to prescribe the medicine suited to the symptoms and conditions as we find them, so that it is purely and simply Homœopathy.

The treatment of frozen limbs by ice has been referred to. This, however, is not the same process. It is not antidoting. It is an effort to bring back *gradually* the circulation to its normal condition, and this is a scientific process. If a person takes a large quantity of spirits over night, and feeling badly the next morning, takes, as the saying is, some of the "hair of the dog that bit him," he will gradually begin to feel better. If he takes the "hair" of some other "dog," it may be still better for him. This is not antidoting, nor is it Isopathy. It is gradually restoring the deranged parts to their normal condition; gradually letting them down, whereas if let down suddenly the consequences might be disastrous.

Dr. STARKEY.—I admit most thoroughly that the use of ice and snow and the giving of spirits as referred to is not Isopathy. Dr. Williamson has cited two or three cases in opposition, but I do not think they are in point. In the first case the engraver was still under the influence of the poison; Mercury in another dose was of course not good for him. In the second case he did not think the diarrhoea resulted from sulphur, but from the suppression of the eruption. The question has been asked—how are we to know when the drug itself is out of the system? If we give the medicine that is Homœopathic and that we know at the same time is the cause of symptoms, and it does no good, we may conclude that the drug is still lurking in the system, and other means, antidotal or chemical, must be resorted to. If, however, we give the medicine, and after aggravation or not, our patient decidedly improves or gets well, we may conclude that nothing but the dynamic effects of the drug remain behind.

Dr. BUSHROD W. JAMES.—Hahnemann gives, as one of his maxims of experience, that when two abnormal general irritations acting simultaneously in the body, greatly resemble each other, then the weaker irritation, together with its effects, will be completely extinguished and annihilated by the analogous power of the stronger. Now what appears to some to be Isopathy in giving a high attenuation of a drug to remove the ill effects of the crude article, can easily be explained on the truth of Hahnemann's maxim; for if there be an increased power of remedial action developed in a drug by attenuation, the irritation produced in the system or the part affected, by the dynamized substance, will be greater than that produced by the crude substance; and hence it is not surprising that the latter irritation is superseded or destroyed by the former.

In the cases of mercurial poisoning quoted by Drs. Starkey and Von Tagen, the effects were produced by calomel—the protochloride of mercury—and were cured by attenuated *mercurius solubilis* or *mercurius vivus* triturated with sugar of milk, making an entirely different drug or chemical compound.

Dr. O. B. GAUSE stated that a physician had told him that a confectioneer in this city having been stung by a bee, had *Apis* given him with very marked good results. He desired to know whether that was Isopathy or not.

Dr. LEE.—The discussion to-night suggests two facts. If the immediate effects of a drug are to be treated, we must proceed regularly to

antidote them. If the drug has been eliminated from the system and its dynamic effects alone remain, we are to treat the patient upon the principle *similia similibus curantur*.

Dr. JOHN O. MORGAN said he was quite satisfied with the facts exhibited by Teste, who states that one of his best remedies in treating the ill effects of coffee is the sixth attenuation of *Coffea cruda*. He had read of a case where a chicken poisoned by the rattlesnake had been cured by two pellets of *Crotalus*. A distinguished teacher of *Materia Medica* once said that he had studied the effects of *Lachesis* and *Crotalus* without being able to distinguish between them. He, Dr. Morgan, had found that in giving low potencies and having aggravations result, antidotal results had been obtained from high potencies of the same remedy; and *vice versa*.

At 10 o'clock the Society adjourned.

## NORTHWESTERN PROVERS' ASSOCIATION.

The third annual session of the above Society was held in Chicago, November 12, 1867. The President in the chair.

The minutes of the last session were read and stood approved. The following gentlemen were then duly elected members of the association: Drs. S. E. Perkins, W. S. Johnson, J. T. Quirriman, C. S. Fahnestock, J. M. Cunningham, A. M. Wills, E. W. Rogers, J. B. Compton, J. D. Taylor, E. B. Beesan, J. H. Smith, A. Herbert, G. E. Cowell, T. G. Comstock, W. J. Blakely, H. R. Madden.

The Society then proceeded to the election of officers for the ensuing year with the following result:—President, Dr. E. M. Hall; First Vice-President, Dr. T. C. Duncan; Second Vice-President, Dr. F. Smyth; Third Vice-President, Dr. W. S. Johnson; Recording Secretary, Dr. S. P. Heelyes.

Corresponding Secretary for Illinois, Dr. E. Perkins; Iowa, Dr. J. E. King; Minnesota, Dr. A. Herbert; Wisconsin, Dr. J. H. Smith; New York, Dr. A. M. Wells; Ohio, Dr. C. S. Fahnestock; Canada, Dr. C. W. Clark. Honorary Corresponding Secretary for Pennsylvania, Dr. W. J. Blakely; Missouri, Dr. J. G. Comstock; Louisiana, Dr. W. H. Holcombe; England, Dr. H. R. Madden. General Corresponding Secretary, Dr. T. C. Duncan; Treasurer, Dr. S. P. Heelyes; one of Publication Committee, Dr. C. S. Fahnestock.

Dr. T. C. Duncan reported provings of *Salix purp.* and *Cochlearia* *aru.* made by himself during the past year. Dr. C. S. Fahnestock contributed a proving of *Erichthites*.

The following drugs were selected for future provings: *Erichthites*, *Stillingia*, *Ostrya*, *Bromide of Ammonia*, *Dioscorea* and *Ptelia*.

On motion the Secretary was directed to transmit a copy of the above proceedings to the *Hahnemannian Monthly*.

On motion adjourned.

T. C. DUNCAN, M. D.,

General Corresponding Secretary,

59 Clark street, Chicago, Illinois.

THE  
HAHNEMANNIAN MONTHLY.

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TRUE AND DELUSIVE HOMŒOPATHY.

BY DR. ADOLPH LIPPE.

The Monthly Homœopathic Review of Nov. 1, 1867, Vol. II., No. 11, furnishes a leading paper under this heading. It is an attack on a recent pamphlet by Dr. G. Fenton Cameron, which we took pleasure to recommend to the inquiring Homœopathists in this journal, Vol. III., page 94.

The Review ignores Dr. C.'s exposition of unfair and unpardonable conduct of that journal, and now attempts to criticize his illustrations of principles peculiar to Homœopathy, and to its method of selecting *the* remedy.

The Review (page 649) "*accepts this (the case quoted) as a representative case, showing the arbitrary manner in which men, of the school to which Dr. Cameron belongs, reject PATHOLOGICAL indications, and erect some little, unimportant sign into an unerring guide to an infallible remedy.*" The Review continues: "'Giddiness' was only of use because it occurred 'on going up-stairs.'\* The pathological conditions

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\* The American edition of *Hull's Jahr* is no authority. If the Reviewer will please open Hahnemann's Chronic Diseases, (to us an authority,) 2d edition, Vol. II., page 808, he will find that Calc. carb. is a most valuable antipsoric remedy, and especially suitable where there

*which gave rise to 'giddiness,' and to whose removal the efforts of the physician ought to have been directed, received no attention."*

Very learned talk, indeed! What, pray, is the pathological condition of the liver and cerebral circulation which "*giddiness on going up-stairs*" indicates? and how is that imaginary, vague pathological condition to indicate the truly Homœopathic curative remedy? Would it have been more *scientific* to prescribe Mercury for the liver and Bellad. for the cerebral circulation? In alternation? And what would have been the result of such *scientific* treatment? A cure? No!

The Review continues, page 650: "Now if this be 'true Homœopathy,' if this be the true law of drug-healing, if symptom-sifting be the most successful method of medicine, and if pathological indications be useless, then the knell of physic, as a profession, has been tolled."

And page 651: "If Dr. Cameron, and the school to which he belongs, can prove that 'symptom treatment' is the most successful method, let them do so by a careful and complete record of facts, such as can be easily verified by repeating the experiment."

A very modest request, indeed, by the Review; so modest that we take the liberty to doubt whether the author has ever seen or read any of Hahnemann's writings; and, in order that he may see where the delusive Homœopathy can be found, and where the true practice is, we take this occasion to translate a paper published by Hahnemann in the second edition and in the second volume of his *Materia Medica Pura*,—in fact, this paper contains the only practical illustration by Hahnemann of the application of Homœopathy in practice. And we call the attention of the profession to the fact that

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are prominent the following conditions, and among them he will find "*Giddiness on going up-stairs*," "*Giddiness on ascending to a height, for example, to the roof*." The selection was therefore doubly *certain* and not *fanciful*.

some very important paragraphs and notes of this paper have been omitted by its original translator into the English language, and that, on account of this omission, this relation of Hahnemann has been quoted in support of a practice (the dose) which he deprecates at a later date, and so expresses himself in the omitted foot-notes.

And if Dr. Cameron selected his remedies as Hahnemann did, he belongs to his followers, and will—heal the sick !

If the Review deviates from Hahnemann, he cannot claim to belong to his followers, and belongs—elsewhere.

If the school to which Dr. Cameron belongs is sustained by the teachings of Hahnemann, that school must be *true* to Homœopathy, and vice versa.

If the Review will make the “experiment” according to the teachings of Hahnemann, and illustrated in this paper, they will do well ; but that “experiment” they never made, and never gave, or would give, the profession a careful and complete record of facts following such an experiment ; and their assumed position in opposition to the testimony of such men as Dr. Cameron, who, by repeating the experiment, have verified doctrines and practical rules given us by Hahnemann, is becoming more offensive in degree as they further abandon true Homœopathy.

Either Hahnemann is all wrong, all the natural laws on which he bases the new healing art are all wrong, or they are right and true ; or else the school which the Monthly Homœopathic Review represents is all wrong : either Hahnemann taught, promulgated, and practised true Homœopathy, or else he taught, promulgated, and practised delusive Homœopathy ; if the former proposition is correct, then the Review is sadly out of joint ; if the latter proposition is correct, then Homœopathy is a sad delusion. The latter proposition is advocated by the opponents of Homœopathy, the former by the adherents to the doctrines and practical rules, based on natural laws, and promulgated, taught, and practised by Hahnemann.

The author of the paper quoted takes great pains to show

that a knowledge of anatomy, physiology, pathology, and, as he expresses himself, the kindred sciences, greatly enhances the usefulness of the physician practising Homœopathy. Nobody ever for a moment undertook to doubt the correctness of this statement. The great difference between true and delusive Homœopathy consists in this often-stated fact that *true* Homœopathy makes all the collateral branches of medical science *subservient* to the Homœopathic laws, while delusive Homœopathy craves submission to antiquated *science*—science not based and not in accordance with natural laws, but worshipped because antiquated—and whatever may appear objectionable to a majority of antiquarians must be assailed, and that party is well represented by the Monthly Homœopathic Review. Our earnest effort to convince the editors of this Review of their errors has been in vain, and it takes us no wonder. All the knowledge of Homœopathy they can possibly obtain is based on falsified translations of the original works. We have, time and again, tried to convince them of the errors, falsifications and perversions of the works translated, but have earned no thanks; the same task has been tried by others, and most ably have they exposed the falsifications and errors of the “*translator*,” with no better result. And we still excuse this stubborn resistance to be convinced of the correctness of statements laid before them; and we find this excuse in the fact that these most miserably garbled, falsified, and perverted translations were laid before the profession *well endorsed*. If a man of reputation has endorsed the translator by writing prefaces and introductions to his works, and if such prefaces have even been allowed to be falsified without contradiction or correction on his own part,\* could the profession expect any thing else but to see these parties united in an effort to denounce Hahnemann, his teachings, and true Homœopathy; had they—the falsifier and his endorser—not to make common cause against true Homœopathy sooner or later? If truth, if true Homœ-

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\* Philadelphia Journal of Homœopathy, Vol. II., pp. 430, 474 and 475.

opathy had to be overcome and vanquished by a numerical strength, it would have been overcome long ago; but true Homœopathy will live because true. Delusive Homœopathy, notwithstanding its additional adherents, the advocates of "no principle and a multiplicity of opinions," will be a burlesque in the history of medicine, will be judged by posterity—the next generation.

For the sake of truth, and in all fairness, we will now give a literal translation of the paper by Hahnemann, above alluded to. We take it from Hahnemann's *Materia Medica Pura*, Vol. II., third edition, 1833. The paper is an introduction, and entitled "*The Genius of the Homœopathic Healing Art*," (*Geist der Homœopathischen Heilsehre*), which is followed by a "*Preliminary*," and this we translate in full. Hahnemann says there:

"Many of my acquaintances who were on the way to accept Homœopathy, have requested me from time to time to publish a more explicit elucidation, illustrating the application of this doctrine and the mode of practical treatment under it. I am surprised how any one can ask for especial advice after such explicit direction which is to be found in the *Organon of the healing art*.

It is also asked: "How must the disease of each individual case be examined?" Just as though no sufficiently explicit information had been given in the work above mentioned.

*When undertaking to heal the sick, Homœopathy ignores all IMAGINARY and SUPPOSED internal causes of diseases, as well as all names of diseases, invented by man and not known to nature, and as every case of non-miasmatic disease is one individual case existing by itself, separately, and composed by nature of different symptoms which could not be presupposed by any hypothesis, it is impossible to give specific directions, (no scheme, no tables,) except that the physician, in order to heal, opposes to the individual aggregate of symptoms of the disease of each case, a group of similar symptoms of a medicine, as complete as it can be found in one single known remedy; inasmuch as the healing-art only admits of the ad-*

*ministration of ONE SINGLE remedy, (the effects of which must have been thoroughly proved.) (Vide Organon, 4th ed., pp. 270, 271.)*

It is impossible to name in advance the probable aggregate of symptoms which may develop themselves eventually in certain cases of disease, and it is also impossible to point out in advance the Homœopathic medicine for such eventualities, (which cannot be determined *a priori*.) The Homœopathician has to find the remedy himself for each single individual case, (each stands by itself, and is different from every other case,) and for this object he must be acquainted with the symptoms of such remedies as are known by their positive effects, or, at least, consult them in each given case; besides this, he should be diligent and prove such remedies on himself and on others, as are unknown to us, and ascertain in what manner they are capable of causing desired changes in order that the store of known remedies\* may be increased, and that the choice of a remedy for all the widely differing cases of disease may be facilitated and become more certain, (for the contention against them it is impossible to possess too many means and weapons.)

Nobody is fully imbued with the true genius of Homœopathic practice,—is a true disciple of this beneficent doctrine, who in the least hesitates to make experiments *himself* to discover the peculiar effects of remedies unknown for three thousand five hundred years, and any treatment undertaken without due experiment—without a previously acquired knowledge of their pure sick-making (*krankenachenden*) effects on healthy persons—is not only a folly, but remains a criminal act, a dangerous attack on human life.

It is asking a little too much only to work into the hands of such selfish persons as do not contribute any thing to the

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\* Before the promulgation of Homœopathy, medicinal substances were only known according to their natural history, and, besides their names, nothing was known of them except their presumptive usefulness, partly guessed, partly falsified.

complete and indispensable development of the indispensable structure; who only desire to profit by the fatiguing investigations of others; and to participate in the interests of the capital of a science, in the procuring of which they do not show the least interest to assist.

Those who feel a true desire to assist in bringing to light the peculiar effects of remedies which remained untried for so many centuries, and to obtain the knowledge so indispensable for the healing of the sick, will find directions how to make such pure experiments with medicines in the *Organon of the Healing Art*, fourth edition, pp. 111-136.

I only add this: that inasmuch as the provers cannot be absolutely healthy, (and no person is,) and if, while proving the medicine, slight symptoms appear, to which they were formerly subject, they should be reported as non-confirmed and be put in brackets, although this will not be often the case, as the effect of a sufficiently strong dose of medicine on an otherwise healthy person will only show the medicinal effects predominantly, and rarely ever a symptom occurs in the first days which was not caused by the medicine.

Furthermore: if the symptoms of medicines corresponding with chronic diseases are sought after, for instance, to cause cutaneous eruptions, excrescences, &c., it is not sufficient to be satisfied with taking one or two doses of the medicine, but it will be necessary to take for some days daily a few doses sufficiently large to be felt, while the regimen which I have pointed out must be observed.

The directions how to prepare medicinal substances so as to administer them in Homœopathic cures, are found in the *Organon of the Healing Art*, pp. 267-269, and also in the second part of the "Chronic Diseases." *I only mention here that, in order to prove a remedy on healthy persons, equally high dilutions and potencies should be taken as are used for the purpose of cure, viz., pellets moistened with the 30th potency.\**

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\* This paragraph, which we give above in italics, is entirely omitted in the English (American) translation of Hahnemann's text.

The request of my friends, who are half-ways to this system of medicine, to lay before them illustrations of such cures is difficult to fulfil, and the compliance with it of but little use. Each case of a cured disease only shows how it was treated. The internal changes from the treatment depend always on the same principles, already well known, and can never be made concrete or be more accurately determined for each individual case, and the relation of a single case of cure cannot demonstrate it clearer, than has been done already by the promulgation of the principles. Every case of non-miasmatic disease is an especial case, a case by itself, and the specialty of the case shows its difference of all other cases, as belonging only to it, and cannot serve as a model for the treatment of other cases. If a complicated case of disease, consisting of many symptoms, should be elucidated pragmatically, in order that the reasons for the mode of treatment, *i. e.*, the selection of the remedy, should be clearly demonstrated, it would require a very tiresome demonstration, for the relator and for the reader.

In order to oblige my friends, I will give a couple of minor cases of Homœopathic cures :

Sch. \* \* \*, a strong washerwoman, some forty years old, was disabled for three weeks to earn her daily bread, when she consulted me, on the first day of September, 1815.

1. She complains of a stitch in the pit of the stomach, which comes, as she says, from the left side whenever she moves, especially when she steps, and worse when she makes a mis-step.

2. She feels perfectly well when she lies down ; she has then no pain, either in the pit of the stomach or in the side.

3. She cannot sleep any later than 3 A. M.

4. She relishes her food, but after she has eaten, she is nauseated.

5. The saliva accumulates in her mouth and runs out of it like waterbrash.

6. After she eats, empty eructations.

7. Her temperament is vehement, inclined to be angry.

When the pain is violent, perspiration breaks out. Her menstruation had been regular a fortnight ago. Her condition was otherwise normal.

As regards Symptom No. 1, it is true that Bellad., Rhus tox., and China cause stitches in the pit of the stomach, but none of the three "*only during motion*," as in this case. Pulsatilla (—, Symptom 345) causes also stitches in the pit of the stomach when making a mis-step, but such stitches are a rare alternate effect, and has neither the same symptoms of indigestion as in this case, Symptom 4 compared with 5 and 6, nor the same mental condition.

Only Bryonia causes in its principal alternate effects, as shown in the records of all its symptoms, pain *on motion*, and especially pricking pains, and also stitches (in the pit of the stomach) below the sternum on raising the arms, (295,) it also causes stitches in other parts on making a mis-step. (341, 400.)

The negative Symptom 2, also belonging to the case, is especially suitable for Bryonia, (430;) very few medicines (except may be Nux vom. and Rhus tox. in their alternate effects, but neither are suitable for the other symptoms) allow the pains to cease entirely while at rest, and while lying especially; but Bryonia pre-eminently, (430 and many other Bryonic symptoms;) Symptom 3 is under many medicines and also under Bryonia, (475.)

Symptom 4 is under many medicines as far as the nausea after eating is concerned, (Ignatia, Nux v., Merc., Ferr., Bellad., Puls., Canth.,) but in some respects not so continuous and so predominant, and also not with a relish of food as under Bryonia, (164.)

As regards Symptom 5, many medicines cause an accumulation of saliva like waterbrash as well as Bryonia, (167,) but the other medicines do not cause any of the other symptoms. In that respect Bryonia deserves a preference over them.

The *empty* eructation (only of air) after eating (Sympt. 6) exists in but few medicines, and in none as constant and characteristic as in Bryonia, (143-149.)

At 7. One of the principal symptoms (*Vide Organon*, paragraph 210) is the "*mental conditions*," and whereas Bryonia (533) causes the symptom, also in its fullest similarity, Bryonia is to be preferred for all these reasons to all other medicines as *the* Homœopathic remedy.

And, as the woman was very robust, and as the forces of the disease were apparently very strong, causing her to be compelled to relinquish her work on account of the pain, and as her vital forces were not affected, I gave her one of the strongest Homœopathic doses, one full drop of the tincture of Bryonia\* at once, and asked her to call again in forty-eight hours.

I told my friend E. who was present, that the woman was bound to be well in the course of that time, who (only half-ways towards Homœopathy) had his grave doubts about it. Two days later he came back again to learn the result, but the woman did not come, never came again. I could only satisfy my restless friend by naming him the village, half an hour distant, where she lived, and her address, and to advise him to call on her to satisfy himself of the result. He did so, and her answer was, "*What should I do there?*" I was already well on the next day and could resume washing, and the following day I was as perfectly well as I am now. I am a thousand times obliged to the doctor, but persons like myself have no time to leave work, and the three previous weeks whilst so sick I had earned nothing."

W. E——, a delicate, pale man of 42 years of age, who had been continuously occupied at the writing-desk, com-

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\* In accordance with the latest improvements of our healing-art it would have been sufficient to administer one solitary smallest globule moistened with the 30<sup>th</sup> potency, and this would have been followed by a quicker and more permanent cure; yes, with the same certainty would the smelling on a millet-seed-like pellet moistened with the same potency have cured her; therefore, my administration of a drop of the crude tincture to a robust woman, as in the above case, should not serve, by any means, as a recommendation for imitation.

plained to me, on December 27th, 1815, to have been sick for five years.

1. On the first evening he felt, without any visible cause, nausea and vertigo, with eructations.

2. The following night (2 A. M.) sour vomiting.

3. The next night violent eructations.

4. To-day eructations of fetid and sour taste.

5. He felt as if the food were raw and undigested in his stomach.

6. He felt as if his head were too large, hollow, and gloomy, and very sensitive.

7. The least noise affected him painfully.

8. He is of a mild, tender, submissive temperament.

The following is to be remarked :

At 1. Many remedies cause vertigo with nausea as well as *Pulsatilla*, (2,) which also causes vertigo in the evening, (4,) which has been observed but of few others.

At 2. Vomiting of sour and sour-smelling mucus is under *Stramonium* and *Nux vom.*, but, as far as it is known, not during the night. *Valeriana* and *Cocculus* cause vomiting at night, but is not sour. *Ferrum* alone causes vomiting at night, (54, 58,) and can also cause sour vomiting, (59,) but does not correspond with the other symptoms here present. *Pulsatilla* not only causes sour vomiting in the evening, (312, 316,) and nightly vomiting in general, but also the other ailments here present not to be sought after under *Ferrum*.

At 3. The nightly eructations are peculiar to *Pulsatilla*, (263, 264.)

At 4. The fetid, putrid, (230,) and the sour eructation (268, 269,) is also peculiar to *Pulsatilla*.

At 5. The sensation of indigestion of food in the stomach is caused by few medicines, and by none so prominent and perfect as by *Pulsatilla*, (286, 287, 296.)

At 6. With the exception of *Ignatia*, (2,) which cannot cause the other ailments, *Pulsatilla* causes the same conditions, (35 compared with 38, 80, 81.)

At 7. *Pulsatilla* causes the similar condition, (905,) and

also an oversensitiveness of the other senses, *i. e.*, of the vision, (90.) The sensitiveness to noise is also to be found under *Nux vom.*, *Ignatia*, and *Aconite*, but they do not appear Homœopathic against the other ailments, and do not in the least correspond with the symptoms of

8. The mild, mental disposition which this plant pre-eminently causes, as stated in the introduction to it.

This patient could not be cured in a milder, easier, and more permanent manner than by the Homœopathically indicated *Pulsatilla*, which I gave him at once, and, on account of his weakly disposition and debility, in a diminished dose, *i. e.*, in half a drop of the quadrillionth part of a drop of *Pulsatilla*\* tincture. He took this in the evening.

The following day he was free of all complaints, his digestion was restored, and he remained well and free of suffering, as I learned a week later.

A comparison of the above two cases related by Hahnemann, and of the manner in which he selected the Homœopathic remedy, with the cases related by Dr. Cameron, will show that Dr. C. (and the school he represents) do not attempt to establish a precedent, but that he and they follow Hahnemann's advice. If, then, the Review pretends to grieve over Dr. C.'s symptom-sifting, they must necessarily also condemn the precedent set by Hahnemann himself.

The vertigo in the one case similar to *Calc. carb.*, because the small, and, to the Review, unimportant signs, showed the Homœopathicity of it, as well as the vertigo of *Pulsatilla* indicated in a like manner, were promptly cured, and the pathological conditions which gave rise to it did not, in the least, facilitate the finding of the truly curative remedy. If in these, as well as in other cases of successful cures, the patho-

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\* Our present knowledge and experience enables us to obtain the like result if we administer one of the finest pellets of *Pulsatilla* X., (decillionth potentiation,) yes, and just as certain is the result obtained by smelling on a millet-seed-like globule of the same *Pulsatilla* potentiation.

logical indications were useless, then the knell of physic as a profession was tolled by Hahnemann and his followers.

And in conclusion, we have only to say to the Review and the school it represents, may that school change its base from Pathology to Nosology or to Organopathy, that we still remain open to conviction, and would be readily induced to acknowledge our errors and defeat if we were favored by an illustration of the assertion that the pathological condition giving rise to the manifold (unimportant) signs being fully attended to, will direct the learned physician to find the curative remedy for *the patient*. But should the Review feel inclined to learn what the followers of Hahnemann have to say on kindred subjects, the learned editors can do no better than read one of the very best papers illustrating "*our*" position, published in Vol. III., No. 2, of the United States Medical and Surgical Journal, published at Chicago, January, 1868, and written by Professor P. P. Wells.\*

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\* The reader will observe that the whole of the matter contained in this paper, from the middle of page 301 to the middle of page 308, *with the accompanying foot-notes*, is a literal translation from Hahnemann's Mat. Med. Pura, Vol. II. F.

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TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF  
THE STATE OF NEW YORK, FOR THE YEAR 1867: Vol. V.

Our thanks are due to the indefatigable Secretary, Dr. H. M. Paine, for early copies of this valuable volume; its contents will be noticed subsequently. F.

## OPHTHALMIC SURGERY. No. 2.

BY JAMES B. BELL, M. D.

**ENTROPION:** The inversion of the lids, called Entropion, occurs much more frequently to the lower than the upper lid.

Many chronic affections of the eye and its appendages may lead to this result, by causing long-continued spasmodic closure of the lids, or shrinking of the tarsal cartilage.

The disease called *trachoma*, a form of scrofulous ophthalmia, distinguished by the presence of minute, sago-like granulations upon the surface of the conjunctiva, is the most frequent cause producing the shrinking of the cartilage.

It is evident, also, that much of the Allopathic treatment with caustic and irritating applications, must contribute to the formation of entropion.

It is not to be mistaken for growing-in of the lashes, (*distichiasis*), a frequent result of trachoma, and for which we have a remedy in Borax, administered internally, in a potentized form; nor is it to be confounded with absorption of the inner edge of the lid, (tarsal cartilage,) throwing the cilia inward upon the globe of the eye, which is distinguished as *trichiasis*.

The obvious mechanical indication in this affection is to apply an opposing force to the inward flexion of the lid. We do this temporarily when we pinch up the superabundant skin of the lid between the thumb and finger, and permanently when we remove this superabundant fold.

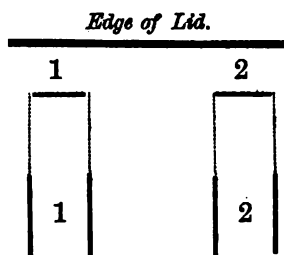
This may be done by one of two methods: by suture, or by excision.

The former is to be preferred, because, although perhaps less sure, it is simpler and less painful, and the other may be reserved for a last resort. Recent experience renders it probable, also, that it may prove to be the most reliable method. Of eighteen cases operated on in this manner by Prof. Wilh. Rau, of Berne, the results were much more

satisfactory than by excision. In one case only was there a complete failure.\*

This operation for the lower lid of the right eye is as follows: The patient being seated in front of the physician, the latter seizes a fold of the skin under the eye with the thumb and forefinger of the left hand, and passes a needle, armed with a ligature, from below upward, at the base of the fold, and to the nasal side of the finger and thumb, coming out one or two lines from the edge of the lid; then from above downward, in the same manner, two or three lines farther from the nose. The same thing is to be repeated, with another needle and ligature, at the temporal side of the finger and thumb, changing hands, if necessary.

The types will show us the relations of the parts in diagram:



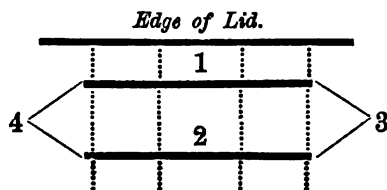
1 and 2 represent the ligatures in place, passing under the skin where the dotted lines are. Let each now be firmly tied by itself, and we obliterate the undermined fold of skin. The included parts soon unite, and, in 40 to 60 hours, the ligatures may be removed. Much care is necessary in judging of the amount of relaxed tissue to be thus obliterated, and also of the depth to which the needle shall pass, in order to include most of the underlying orbicular muscle. This operation causes little deformity, the traces of it soon disappearing.

If excision is preferred, the instruments required will be: a straight bistoury, or small scalpel, ordinary forceps and a

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\* Archiv für Ophthalmologie, I. Band, II, Abth., s. 176.

pair of straight scissors. The various fenestrated forceps invented for this purpose are of no use. The position being the same as above, and the same eye and lid to be operated on, the thumb of the left hand draws the skin of the lid tense toward the temple. The right holds the scalpel as a pen when drawing horizontal lines and makes an incision beginning at the outer commissure, one or two lines below the edge of the lid, and running parallel with it nearly to the inner commissure, and another one parallel to this, three to five lines farther from the edge of the lid. We have now to unite these two incisions, and remove the integument lying between. For this purpose we place one foot of the forceps in the inner end of the upper incision, and the other at the same place in the lower, and closing them and drawing them towards us, the strip to be excised is elevated in a fold. With the scissors, resting upon the nose, a single cut toward the forceps unites the two incisions with a V-shaped cut. Cutting rapidly forward with the scissors, the excision is finished by a similar-shaped cut at the outer end.



1 and 2, first and second incisions with the scalpel; 3 and 4, incisions with the scissors. The dotted lines show the points of union by stitches.

Much care is necessary in making the first two incisions, in order to penetrate only through the integument, without wounding the muscles or conjunctiva. The operation will be of no use if the first incision is more than two lines from the edge of the lid, owing to the elasticity of the skin.

These operations can be performed by any physician who has a taste for it, and a "mechanical eye." It is not beneath a good surgeon to outline the incisions, in these and other

operations, with pen and ink before beginning them. For the left eye, or upper lid, the necessary modifications will suggest themselves. The operations for *trichiasis* require much skill, practice, and a very steady hand, and ought not to be attempted from any written description. Of six or eight gentlemen forming Prof. Arlt's private class, I have seen two-thirds entirely fail in operations for this affection, upon the cadaver. Much the same is also true of *ectropium*. As these papers have a purely practical aim, all such operations will, of course, be omitted.

In the operation for entropion, as in all similar operations upon the eye, union by first intention is of the first importance.

Practical observation has led to modify some of the accepted details of the treatment of incised wounds, and with very satisfactory results. Two things are to be insisted on, viz.: first, a clean and bloodless surface of the lips of the wound; and, second, firm and exact coaptation of the same. The first is not readily attained by the use of cold or ice-water, so universally recommended and practised. *Hot* water, on the contrary, as hot as can be borne by the surgeon's hand, produces most pleasing results; and this is what we might expect. The cold is antipathic, and followed by a reaction in the wrong direction: contraction, followed by relaxation, first closing, then opening, the gaping mouths of the wounded vessels. The heat is Homœopathic, producing temporary congestion and relaxation, followed quickly and permanently by contraction and cessation of all hemorrhage. The most troublesome of all (traumatic) hemorrhage, that from the cancellated structure of bones, particularly of the long bones and those of the fingers and toes, so tedious under the use of cold water, soon yield to the well-applied hot stream. After hot water, the union takes place with much less pain and tenderness than after cold.

The second is attained by sharp, small needles, armed with well-waxed and oiled ligatures, of silk or unbleached linen, applying sutures freely, which are all to be removed

as soon as the fourth day. Nothing should be trusted to adhesive plaster, except the support of surrounding soft parts.

Two other points contribute greatly to success. They are: keeping the wound dry, and the administration of an internal remedy favoring the process of union.

The first banishes, of course, all water-dressings, Calendula, Arnica, &c.; and well it may, for they are worse than useless, favoring suppuration in the sodden and parboiled parts, as I have often found, to my cost.

The second want is often met by Staphysagria, unless some marked indication exists for some other remedy.

The amputation of a thigh a few weeks since may illustrate these modifications in their widest application. Only four arteries were tied. All the smaller ones closed under the application of the hot water, and when, as the last thing, the whole wound was drenched in water almost scalding the hand, there was left that clean, fresh surface so pleasant to the surgeon's eye, with no oozing anywhere. Sutures about an inch apart, the dry dressing with free access of air, and a few doses of Staph.<sup>200</sup>, and later of China<sup>300</sup>, completed the rest, giving a rapid and perfect union, with a discharge of only one to three drachms of pus in twenty-four hours. But few drops could be pressed out at any time, instead of the gush that often follows the moving a stump. There was a remarkable absence of pain and tenderness at all times.

## "UNITED WE STAND."

BY J. C. BURGHER, M. D.

A few days ago there came into my hands a small manual, written by J. P. Dake, M. D., and published by the "Hahnemann Life Insurance Company," giving the brief history of Homœopathic Life Insurance in the United States.

It appears that while the first company was yet scarcely out upon the highway of business, a second was organized and pushed forward in competition, not to say opposition to it. Now I have not looked very closely into the interior of the Hahnemann, but from what I know of those who originated it, and are now in its management, I am satisfied it cannot be false to Homœopathy.

I have read its charter and by-laws, and see nothing there objectionable. The question comes up irresistibly: *Why start another company?* If the object is to promote Homœopathy, why not all stand together, so as to make a company that shall be overwhelming in its power and greatness, commanding the confidence of all?

I feel, as I presume most others of our school do, willing to favor, *yes, anxious to support*, such institutions as we know to be unqualifiedly on the side of truth and right. We have no more need for mongrel insurance companies than we have for mongrel doctors.

People not yet fully informed may be pleased with an air of liberality, a deference to both sides, but those who have fought the battles of Homœopathy in its earlier days when some hissed, more laughed, and very few favored the new method, always wish to see ground taken that is exceedingly well marked.

But I am getting off from the subject suggested by the little manual, with which I started out, and upon which I purposed to write a few lines. Why is it, let me ask, that as Homœopathists we are so prone to divisions?

The late Dr. Joslin, in speaking of the American Institute,

said it was a marvel to have reached its fifteenth year without having been destroyed by divisions and changes. Why can we not, like sensible men, unitedly build up an institution so that it commands respect and sheds honor and glory upon our cause, before we divide and start up others to drag out an ephemeral existence? Even our schools and journals appear to spring up like Macbeth's ghosts, unbidden. Is there a demand for such rapid multiplication? If all our colleges were pressed into two and all our journals into a like number, the colleges and journals so produced would be far ahead of Allopathic competition.

Talent and education are not lacking in our ranks, but the good that might be accomplished by united and disinterested effort, is too often rendered nugatory by the ambitious desire for individual leadership and reprehensible partyism. If we go on far, as we are going, the world will have reason to think the opinion of our old school friend Dr. Millard, as quoted in the manual before us, is not at all out of the way. Speaking of our physicians, he says: "This whole business demonstrates anew the utter incompetency of those attenuated minds to organize or manage any institution of importance. In the absence of a proper education, ignorance and conceit will always lead them into most ridiculous blunders. If they start off apparently well, they soon get at variance, fight each other, and thus destroy what little they might otherwise accomplish." For one, I say let us contradict this slander by standing together, in favor of what we have reason to believe are in every way worthy of our confidence and support. Am I alone in this matter?

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NOTE BY THE EDITOR.—There is ample room in the vast area now covered by the Homœopathic profession, for two or even more Homœopathic Insurance Companies. What is especially needed to insure the success of both those now in operation is, that they shall cease abusing one another,—give up all personal quarrels, and treat each other with the same decent courtesy that other chartered corporations of a similar character are accustomed to do as a matter of course. This Kilkenny-cat business leads to very small ends. F.

## CLINICAL OBSERVATIONS.

Read before the Central New York Homœopathic Medical Society, Thursday,  
December 12th, 1867.

BY T. DWIGHT STOW, M. D.

*Fellows of the New York Central Hom. Medical Society—*  
Somewhat related to the question of Drug Provings before us to-day, and in compliance with a request of our mutual friend and fellow-laborer, Dr. C. W. Boyce, I offer the following clinical record, hoping that it may be of *some* practical value.

On the 11th of September, 1867, I was called to see a fat, black-eyed, light-haired boy, 20 months old, the son of Mr. and Mrs. T. D., of Palermo, N. Y. The little fellow had a sallow countenance, tongue coated thickly, a dirty yellow or yellowish white, with clean tip and edges; had thirst, drinking much at a time, but not often. Thin but copious nasal discharge, griping in abdomen, with frequent discharges of small yellow, green, slimy, and bloody stools, accompanied with tenesmus and straining. He had also a little nausea during, cutting before, and chilliness during or after stool, the cutting and nausea disappearing after stool. When angry, nausea, vomiting and diarrhœa. Left Mer. sol. 200, every four hours, with directions to discontinue when he was better.

September 13: No nasal discharge, less tormina, stools now white, slimy, bloody, with increased frequency and straining. Gave Nux vom. 200.

September 15: Stools green, yellow, slimy, bloody, great cutting in abdominal region, before and during stool, less straining and tenesmus. The child, up to this, had little or no fever, as recognized by pulse, color or temperature of surface. Was up and down the room, but growing weak and languid. In the course of the mother's statement of the child's symptoms, she accidentally dropped the remark that whenever the cutting in abdomen came on, the child would

run to its little chair, and throwing its belly across the upper part of the chair-back, remain there until it got relief, which *seemed to be hastened by the act!* Recollecting the characteristic of Colocynth, "With every pain in abdomen he leans or presses upon the corner of table or bed-post," I gave 6 powders of Colocynth 200. Three of the powders completely cured the case, and as his mother remarked to me in November last, he was never so well before. He had but one or two dysenteric stools after that date.

CASE 2D.—Was called to see Mrs. D., the mother of the child spoken of above, on Tuesday, November 5th, 1867. She was obliged to sit up, leaning her right side against the pillowed rocking-chair, that the pain in the left chest might, with the dyspnoea, be relieved. Had a frequent but small pulse; tongue clean, bowels constipated in some degree, had not menstruated for two months or more, she suspected pregnancy; had no morning sickness. Urine quite natural. Auscultation and percussion yielded nothing but slight dullness and limited murmur, and nothing but frequency and diminished strength of heart's action. I was a little puzzled. Noticing that her neck and waistbands, with her skirts, were loosened, I asked her why so? She replied, "Oh, land, I can't have them touch me!" Thinking it vain to question her more, and puzzled as to the pathological condition, but at the same time regarding it as some cardiac affection, and recollecting that the characteristics were those of Lachesis, I left one dose of Lach. 200, and 12 powders of Sac. Lac. That night *all of her symptoms were materially aggravated*, so much so that they were deciding to send for me, but toward morning, and even after, she steadily improved until well. I suppose she is still so, for I met them as they rode by to-day, (December 11th,) and passed the time of day, they responding all well.

CASE 3D.—Called November 12th, to see Miss Anice S., a large, light-complexioned, dark brown-haired blue-eyed, young lady of sixteen, and of scrofulous diathesis. She complained of very great soreness, with redness, tumefaction,

and diphtheritic covering or patching of the *left* tonsil, could swallow water, but scarcely saliva or solids. On swallowing, pain extending to left ear, sensation as of lump in the larynx; sensitive to external touch. Gave Lach. 30, in aqueous solution. November 18, patient better, but exudation on *right* tonsil. Continued Lach. as before. Dose every three hours. November 14, convalescent. Has been well ever since.

CASE 4TH.—A boy ten years of age and brother of the above young lady, complained, November 14, of soreness in right of fauces, headache, nausea, vomiting, chilliness. Right tonsil swollen, dark red, patched with diphtheritic, could swallow warm drinks best, fan-like movement of nostrils. Left Lycop. 30, 6 powders, one every three hours. November 15, convalescent. No return of malady.

CASE 5TH.—Mrs. Q., light skin, brown hair, blue eyes, married, twenty-five years of age, and eight months pregnant, during the prevalence of diphtheria sent for me. She complained of a lump in the upper trachea, with hawking of mucus, and a sensation of hairs across the base of tongue, which neither hawking, swallowing, nor eating relieved. Gave at first Lachesis 30, but she got no better. Next day, December 7, gave Kali-bich. 30. One-half of the prescription, ten powders, entirely cured her.

CASE 6TH.—Some time in August last, saw a babe, the daughter of Mr. and Mrs. Alexander K. The child had a diarrhoea of three weeks standing, stools painless, worse mornings, thin, watery, with *loud fluid rumbling and gushing out of stools*. One prescription of *Jatropha curcas* entirely cured the case. Some two or three weeks after, the child had five or six stools of the *Jatropha* kind, and one dose of *Jatropha* cured it.

CASE 7TH.—In June last met a friend, who took me to one side and looking about to be sure that no spectators were present, said, "See here, what under the heavens ails me?" And stripping up his coat and shirt sleeves, showed me his arm which was covered with a dry and itching eruption, *relieved*

*by scratching*, worse by the stove or in the heat of bed. His whole body was covered in like manner. *He ate but little and drank much*, looked pale and grew poor. Gave Sul. 5<sup>m</sup> one dose, and ten powders of Sac. Lac., one to be taken at 6 A. M., and another at 9 P. M. Some four days after I met him, and he asked what I gave him? I replied I would some time tell him. He remarked that during the night that he took the remedy, his symptoms, particularly the itching, were aggravated, but since, he has not been troubled in the least. A week or more, one or two boils appeared, which, when matured, were the last of his disorder.

CASE 8TH.—July 1st, 1867, was called into a dilapidated building in the town of Palermo, Oswego county, N. Y., to see a case of intermittent fever.

A stout, bronzed, wood-chopping Frenchman of twenty-three years, lay upon a bed during the pyrexia of a paroxysm of tertian ague. He stated his case thus: Had intermittent fever all the spring in Jefferson county. Broke it up with quinine, and it as often returned. Had my first attack June 25th. "First, chill without thirst, at 10 or 11 A. M., shaking chill, felt as though water were running down my back, blue surface, shrunken skin, fever burning, great thirst, drinking little but often, marked prostration, dry parched tongue, little or no sweat, irritable and melancholy." Gave Ars. 30. Ten powders cured him, and he had no more.

I might report case after case, corroborating the law Similia, Dynamization, the Single Dose, &c., but I have no time, and the citation of these is enough of encroachment on your time. Especially of Lachesis, could I bring forward cases of great interest. Now, how do these cases bear relation to drug proving? In the cases cited, you will take notice that I was governed in my selection, not only by the similitude which the pathogenetic symptoms of the drugs bore to the symptoms of the cases, but the *characteristic* symptoms *governed my choice!* Now, in proving drugs, we find that crude matter produces symptoms different from the symptoms produced by potencies. The first class produce symptoms

more superficial, the second class those which are deeper seated, and, as Hahnemann, in § 158, of his *Organon*, says, are *striking, peculiar, uncommon, characteristic*. Now, *Lycopodium* produces a kind of angina faucium, but not in massive doses. Only after its trituration and potentization do we get the full and true digest of its symptoms. And if you will carefully note the pathogenesis of this drug, you will see that it *abounds* in characteristics, and that they *only* appear after the provings made with potencies of a high order. The same is true of *Silicia*, *Ars.*, *Nat. mur.*, &c., and these remedies abound in characteristics. As we have embarked in this enterprise, and as we have unmistakable evidence of its value, let us make it a splendid one, as we only can by a faithful adherence to its cardinal principles. I commenced my career as a Homœopathician with doubt and trembling, but as years have sped they have been exchanged for faith, hope, and, I may say, with steadfastness. Brethren! we are on the *right road*. *Let us go ahead.*

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## PULSATILLA IN MALPOSITIONS OF FŒTUS.

BY MERCY B. JACKSON, M. D.

In a communication to the *American Homœopathic Review*, of May, 1864, I related five cases, in which spontaneous evolution was produced by the administration of Puls. 30, five pellets in half a tumblerful of water, one teaspoonful every three hours, before the water-sac was ruptured.

I then stated that I believed Puls. capable of changing other malpositions, even those that would require manual interference before the child could be born. Since that time I have had one more case of breach-presentation, and changed it in the same way.

On the 19th of August, 1866, was called to a lady whose travail had commenced and yet delayed. On examination, found the fœtus lying across the abdomen, the head to the

left, the back upward, the knee only in reach, and the breach high up on the right side, the heart beating on a line with umbilicus, or a little above.

I immediately dissolved five pellets Puls. 30th, in half a tumblerful of water, and gave her one teaspoonful at half-past 2 P. M., and continued it every hour.

At 6 P. M., made another examination. Found that the head had come down on the left side, so that I could with great exertion touch it. The knee could not be felt, and the pelvis on the right side was felt to be empty.

At midnight, made another examination. Found the head fully down. At 2 A. M., was called, and at twenty minutes past 4 A. M. a fine girl was born, after only  $2\frac{1}{2}$  hours of much pain.

When the mother was asked, at  $2\frac{1}{2}$  o'clock A. M., if she had had much pain, she replied: "No, but a tremendous commotion."

This is the seventh case in which I have seen the unfavorable position of the foetus changed by the use of Puls. 30th. Six from breach, and one from the trunk lying across the abdomen, to a vertex presentation, before the water-sac had been ruptured. I would remark that in no instance has Puls. 30th failed me in changing the unfavorable position, when given before the waters were evacuated, since I first used it for that purpose, now more than six years.

My object in publishing these cases, is to induce Homœopathic accoucheurs to test this method in their own practice, and, if it is successful, to add their testimony to mine, and by its use save a vast amount of suffering and many lives by a simple method, which, if it fail, can do no harm, and, if it succeed, will call forth the gratitude of thousands, and save physicians much anxiety.

I would therefore beseech those who preside at the threshold of life, and whose duty it is to use all available means for lessening the ever-to-be-dreaded pangs of parturition, to examine their patients carefully, and when they find an unfavorable position of the foetus, to administer Puls. 30th, *as I have described*, and save the agony consequent on malpresentations, as well as give to themselves the highest satisfaction of a good physician, that of lessening human woe.

## A CHARACTERISTIC.

BY R. E. BELDING, M. D., N. Y.

July 15, 1867, Madame S —, æt. 24, came to me for medical advice. She is slender but short, blonde complexion. For several years has had much distress, during and before menstruation. Much pain and soreness in left hypochondrium, going through to the lower border of right scapula; worse when lying on left side, and during menstruation, which is generally regular as to time, occasionally a little late, blood dark, thick, lasting four days, preceded by headache, (frontal,) accompanied by profuse, watery, dark-colored diarrhoea; cutting colic before stool. Chilliness, bearing-down and drawing-pains in the limbs, and soreness of the hips. Much thirst at night, with dry mouth. Takes cold very easily. Sleep broken from 12 to 2 A. M. Appetite poor. Cool, dry weather best agrees with her. Every summer is subject to urticarious eruptions.

Up to the 1st of September, she had Phos.<sup>200</sup>, Bell.<sup>200</sup>, and Rhus tox.<sup>200</sup>, with slight benefit.

A more careful examination, at that time, developed these additional symptoms, viz.: *Frequent dreams of robbers in the house, and on waking will not be satisfied until her husband has searched the house for them.* Also, "*has frequent cold sores on upper lip, looking like pearls or white blisters.*" These symptoms characterized Natr. mur., one dose of which, in the 200th potency, gives the result of perfectly normal menstruation, free from pain, diarrhoea, or other untoward symptom.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. G. RAUE, M. D., Professor of Special Pathology and Diagnostics in the Hahnemann Medical College of Philadelphia: F. E. BOERICKE, 635 Arch street, Phila., 1867. Royal octavo, pp. 644.

(Review by W. L. ARROWSMITH, M. D.)

Lord Bacon writes in words that should not be forgotten: "I hold every man a debtor to his profession, from the which as men of course do seek to receive countenance and profit so ought they of duty to endeavor themselves to be a help and ornament thereunto." On opening the work of Dr. Raue, with these thoughts in mind, and reading the title page, our expectations were raised to the highest pitch, and we felt that the great want of our school was at last to be supplied. Turning to the dedication we became confirmed in these views; a Professor, enjoying the long and close friendship, forming almost a partnership of interests, with a man of the "high scientific attainments" of his friend, must have produced a work at once reputable to his friendship and worthy of the approbation of our school. We expected to find the old nosological classification superseded by a better and more scientific; one, in fact, more in harmony with the teachings of our great Master, who, it may be remembered, never furnished the world with a list of diseases which were susceptible of cure, but with the pathological conditions presented by diseases as met with in daily practice—conditions which will be found to obtain in the most serious maladies. We anticipated that the classification might be regional; then again, perhaps, it might be with reference to the various lesions to which the tissues, fluids, and functions of the human body are liable. Had the regional classification been the one adopted, we then expected to see arranged in order all the pathological conditions usually found in disease, with their symptoms, leading the mind naturally to the differential diagnosis. Or had the plan of Colombat been preferred, we should then have been pleased to see the step in advance which such a division would have presented to us. We cannot but confess our disappointment on further investigation of this book. We find that the old-fashioned and useless nosological classification, so long the curse of the old school, is now apparently to remain with us, like the old man of the sea, on the shoulders of the youthful Sinbad.

Bringing down the aspiring conceptions of what may one day be, to the level of the work before us, we notice in the paragraph on inflammation of the brain—and the same observation will apply to all the inflammations treated of in the book—that there is no definition of the term made use of. What is an inflammation in the meaning of Dr. Raue? He states, Group 3, page 12, under the head of “Inflammatory Affections of the Brain and its Membranes, without Effusion:”

“As the brain is surrounded by three membranes—the dura mater, the arachnoidea, and the pia mater—post-mortem examinations have revealed inflammatory processes in each of them. An inflammation of the dura mater is called pachymeningitis; and inflammation of the arachnoidea is called arachnitis, whilst an inflammation of the pia mater is meningitis *proprie sic dicta*, i. e., a properly so-called meningitis. Pachymeningitis and arachnitis are never primary affections, but always secondary to other inflammatory processes. They produce no characteristic symptoms, and they are, therefore, not capable of being diagnosed during life. The inflammation of the pia mater is treated of under Group 2.”

Again, he states, “On Inflammation of the Eyes:” “The old definition of inflammation—calor, dolor, rubor, tumor, (heat, pain, redness, swelling,)—does not exactly cover all ground, because an inflamed cornea does not look red, but dull-grayish, and an inflamed iris changes its blue color into a greenish tint, and its brown into a reddish color. But inflammation is always characterized as a local irritation, a continued congestion, causing a change of structure through the agency of exudation.”

But the Professor of Pathology neglects altogether to present to his readers and the profession a more scientific definition, and one more in accordance with the discoveries of modern science.

Now, Mr. Travers has well said in his work “On the Pathology of Inflammation and the Healing Processes:” “That a knowledge of the phenomena of inflammation, the laws by which it is governed in its course, and the relations which its several processes bear to each other, is the keystone to medical and surgical science.”

Difficult as a correct definition of inflammation may be—and, as yet, it has never been accurately defined—there are certain pathological conditions which obtain in every case,

and these should have been explained in a work bearing the pretentious title of Pathology; and the first phenomena which presents itself is the abnormal state of the supply of blood, caused by the enlargement of the blood-vessels, and this enlargement usually affects all the blood-vessels, the arteries, the capillaries, and the veins being all more or less implicated; to this abnormal state may be ascribed the redness from the crowding together of the red corpuscles, and the swelling.

John Hunter's experiment should not have been forgotten. He inflamed the ear of a rabbit by thawing it after it had been frozen. The rabbit was killed while the ear was in the height of inflammation, and the head being injected the two ears were removed and dried. A comparison of the ears, or rather of the drawing of them, shows the arteries of the inflamed ear three or four times larger than those of the other ear; and many of the smaller arteries that in the normal state are not visible, are clearly made perceptible in the inflamed ear. Then we have stagnation of the blood in the dilated vessels; in and close around this there will be congestion, with fulness and slow movement of the blood, and more distant still from the inflamed part will be found determination, or fulness, and rapid movement of the blood.

Then, again, we should have expected in a work on Pathology a rapid survey of the right state and composition of the blood, with the phenomena observed in healthy nutrition, and the differences between the healthy and normal state and the pathological lesion. This exact adaptation to the nourishment of each tissue, which is the characteristic of healthy blood, and which is beyond the power of chemistry to determine whether it exists or not, should have been remarked upon, and also the disturbances which arise from inflammation or which precede it. Next, the influence of the nervous force and the changes undergone as far as they can be traced. The expression that the nerves of a part are in a state of irritation does not describe sufficiently the phenomena. The existence of pain, the kind of pains usually met with in the inflammation of the various tissues—in short, the whole of the phenomena which tell us that the forces are at fault; which, in the normal state, conduce to the well-being of the tissue—these phenomena our author dismisses in two lines. He states that "Inflammation is always characterized as a local irritation, a continued congestion, causing a change of structure through the agency of exudation."

Does the Professor not know that local inflammations are the external signs of a general affection of the blood? This morbid condition of the blood and nervous force it is that determines the local seat of inflammation and the kind of inflammatory exudation or products.

"The only secure mode of apprehending the truth in this and in other parts of the economy of living beings is by studying what we can observe as concurrent, yet often independent phenomena, or as events that follow in a constant but not necessarily in a consequent order." Paget.

Continuing our observations we come to the Teeth, page 84, and, keeping in view the design of this work on Special Pathology, and the necessity for economizing space as well as matter, we cannot but object to the occupation of no less than eight pages on Toothache, while diseases requiring the nicest definition, such as cancers of the breast, are dismissed in a few lines. Turning over this long list of symptoms which are contributed by Dr. Raue's friend, we look in vain for *Clematis erecta*, the provings of which contain the following symptom: "Jerking, shooting, and drawing toothache in the left upper jaw, at times in one, at times in another tooth, the pain affects all the teeth, without one being able to point out the tooth affected." This symptom led us to prescribe *Clem. e.* in cancer of the cheek, and with marked success; its importance in this disease should not have been overlooked.

Dr. Raue writes in reference to that protean malady, *Dyspepsia*, page 233: "What a commonplace word '*dyspepsia*' has become amongst the people and the common run of practitioners! So common, indeed, that it is almost nauseating to be obliged to hear everywhere the conjugation of the present tense of the word *dyspepsia*—'I am dyspeptic, thou art dyspeptic, he, she, or it is dyspeptic,' " &c., &c.

Now, *dyspepsia* is derived from the Greek, and signifies difficult or bad concoction, and, as so many scientific words in use are derived from the Greek, we cannot see why the Professor's ire and nausea should have been excited by its use in preference to the word *indigestion*, which is derived from the Latin. It is evident, from the doctor's ill-humor, that he has not suffered from any ailments in "the wide mouth and belly of this bag," as he so elegantly describes it; but we should have thought that sympathy with the sufferings, real or imaginary, of his dyspeptic patients, would have prevented him from taking offence at this unoffending word. Certainly

the paragraph quoted above does not help the pathological survey of the complicated disorders attendant on bad digestion.

To enable our readers to judge of the scientific pretensions of our author, we make one or two short extracts, for our space is limited. The Professor writes, page 450, article Spine: "The spine is a continuation of the head, the skull itself consisting, according to Oken, of three dilated vertebræ. Its contents—the brain and its membranes—we find represented within the spinal column by the spinal cord and its membranes, viz., the dura mater, the arachnoid, and the pia mater." \* \* \*

With all due deference to the learned Professor, we had always thought that the law of development was in the contrary direction, that is, from the spine to the skull, and that the skull was a continuation of the vertebræ. If our memory is correct, and we write in the absence of our books, the discovery was made by no less than the poet philosopher Goethe, while strolling in a cemetery at Venice, where he stumbled on a skull lying in his way. Suddenly the idea flashed across his mind that the skull was composed of vertebræ, in other words, that the bony covering of the head (yclept box by the doctor, page 1) was simply an expansion of the bony covering of the spine. This luminous idea was afterwards adopted by Oken and a few other naturalists in Germany and France, but it was not received in England until a few years ago, when Professor Owen took it up, and in his remarkable work on the "Homologies of the Vertebrate Skeleton," showed its meaning and purpose in contributing towards a general scheme of philosophical anatomy. That the discovery was made by Goethe in the eighteenth century is certain.

Our author's description of epilepsy is meagre, and under the heading "Causes," page 514, he states: "There seems to be no doubt that the disease is propagated by inheritance. As occasional causes there have been observed: 1st. Mental emotions, fright, fear, &c.; 2. Morbid changes within the brain and its membranes; 3. Peripheric irritation of sensory nerves, which consists either in morbid states of those nerves, or in morbid states of those organs to which these nerves are distributed, or in a more undue functional irritation of those nerves."

Upon this disease the remarks of M. Jahr in his work on "Maladies Mentales" are so much to the point that we ven-

ture to quote them for the benefit of our readers who may not have the work to refer to :

" But that which is most frequently the true efficient cause of epilepsy, that is to say, which has the power of engendering the germ of this disease in the organism, is the repercussion of certain eruptions, especially tinea, herpes, gourmes, (literally breaking-out,) and more particularly the itch.

For a long time we had regarded, not all venereal excesses, but exclusively onanism as an efficient cause, which is by itself capable of engendering the first germ of epilepsy, and generating it without any other pre-existing cause, as in all cases we have had to treat there have not been any in which the individual had not committed excesses of this kind. But, having discovered later in many of these cases a great predilection for this vice, we have thought whether onanism, without being the true efficient cause and generator of this malady, might not, perhaps, only be a simple epiphenomenon (literally concurrent cause).

For we have found, at the same time, in all patients that we have examined, that they have all, without exception, during their youth, had either tinea, breaking-out, herpes, or even the itch. But, amongst the anterior affections we have most frequently met with different varieties of tinea. For ourselves, we rank then the efficient causes, according to their frequency and probable value, in engendering the germ of this disease, as follows:

1st. Chronic eruptions, and particularly tinea, herpes, or reperculated itch.

2d. The presence of worms in the intestines, or even in the brain, or spinal marrow.

3d. Organic lesions (either traumatic or otherwise) of the cranium, the brain, and the spinal marrow, or the covering of these organs.

4th. Strong traumatic commotions of the brain or spinal marrow, blows, falls, wounds, etc. (Concussions.)

5th. Strong commotions of the nervous system in general, especially onanism, as well as profound emotions.

6th. Excessive mental labor and prolonged watchings.

7th. The prolonged abuse of certain narcotic or poisonous substances, such as opium, hemlock, henbane, belladonna, agaric, etc., also spirituous drinks."

We cannot say that our author has thrown much light upon the pathology of this disease. The researches of Dr. Radcliffe appear to have been overlooked, but would have

helped the Professor to a clearer explanation of the phenomena.

Dr. Radcliffe's work on Epilepsy is now received and quoted by the profession in all countries. Two of his propositions are quite important, and prove, 1st, "That muscular contraction is not produced by the stimulation of any property of contractility belonging to muscle; and 2d, That muscular elongation is produced by the simple physical action of certain agents, electricity, and others, and that muscular contraction is the simple, physical consequence of the cessation of this action."

When the physiology of muscular contraction is correctly understood, the pathological phenomena become pregnant with meaning, and spasms and convulsions are disarmed of their mysterious import.

Dr. Raue's therapeutic hints are likely to be of more value than his pathology and diagnostics. The prescriptions, however, appear to hold little relation to the pathological picture as presented in the symptoms. They are not the less likely to be useful on this account. We regret, however, (while fully appreciating the industry of the author,) to find many new and unproved remedies, and many symptoms recorded of proved remedies which we do not remember to have seen in the *Materia Medica*. We trust that the clinical experience of those who make use of the book will be corroborative of their value. Still, as the Professor has stated his intention, page 616, "to stick to old Hahnemann," we cannot conceive that the incorporation in the "Hints" of unproved remedies is a proof of attachment to the teachings of the great Master, who wrote "that we should ourselves be diligent in proving such remedies as are unknown to us, and ascertaining in what manner they are capable of causing diseased changes in order that the store of known remedies may be hereby increased."

While upon this subject, we take the opportunity of suggesting to the profession the further carrying-on of the great work initiated by Hahnemann, not by provings of such puerilities as *Trombidium*, &c., and others of the same unlikely advantage, but rather by concentrating our view on the chemical composition of the human body, and taking the various inorganic constituents and elemental substances found in the blood and tissues of the body as subjects for our provings. In this way we shall gather a harvest of materials by which alone, we prognosticate, can the assimilating

power of the blood be altered, and it is upon its abnormal assimilating power that the continuance of all chronic organized diseases depend!

Looking to the provings of Calc. c., Calc. phos., Sulph., Kali, Silica, for our guide and reasoning on the efficacy of these remedies, from the fact that they are all present in the blood and tissues of the body, we may expect to derive the greatest advantage in the cure of chronic diseases as yet incurable, by prosecuting our studies and provings in this direction.

It is by causing changes in the atomic relations of the fluids of the body that we may expect to overcome that tendency to perpetuation, which so manifestly occurs in the blood, when once, from disease or virus, any change in its assimilating power has been made. Such changes are manifest to us in the material world. The addition of one-fiftieth of carbon to iron forms steel, which may be rendered so brittle as to fly into two or more pieces when left to itself, and the power of the magnet is dependent on the relative position of its ferruginous particles.

The subject is one of the highest interest, and will be again referred to at a future time.

As to the style of the language in this book, we trust that in a second edition Dr. Starkey will use more severity, and that such definitions as that the tongue is a movable piece of furniture, (page 100,) and many others equally incorrect and misplaced in a scientific work, may be avoided.

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NOTE BY THE EDITOR.—Professor Raue's book, reviewed at such length by our correspondent,—even though it do not contain every thing, and although no mention is made of many important and well-proved remedies in some forms of disease (*Diarrhœa, e. g.*),—will, we think, be found to be of great practical utility.

## PROVING OF PLANTAGO MAJOR.

BY ALFRED HEATH, 114 Ebury st., London.

1866. Nov. 9th, at 3.15, took 12 drops 12th cent. dil.

11th. Took 12 drops 12th cent. dil.

12th. Severe headache over the left eye and side of the head, with great irritation; cannot bear being spoken to.

16th. Took 6 drops of 6th cent. dil.

18th. Violent, bruised sort of headache (on waking in the morning) over the scalp and back of the head, unable to rest long in one place on the pillow, relief for a time by resting on the part in pain.

21st. Took 6 drops of 6th cent. dil.

24th. Violent irritation of the brain, bruised, maddening feeling; cannot bear the slightest contradiction; loss of appetite, with desire to do several things at once, but no inclination to move and do one; resting all day; after taking tea in the evening, all the pains subsided, but came on again slightly just before going to bed; excessively restless; dozing for a few minutes, and waking all through the night; unable to lie still, with fever and perspiration, pain in the small of the back, burning feet; cannot rest the head five minutes in one place, with pain all round the back of the head; temporary relief on changing its position, with thirst; unwilling to get up in the morning; weakness, with quantity of urine, with severe pain at times in the hollow of iliac regions, as if one had been struck in the testicles. This symptom has occurred twice at different times; excoriation and ulceration of the right nostril.

Nov. 26. Pains in the stomach, as if diarrhoea would come on, with sick and sinking feeling; pain the left side of scalp, on turning the head suddenly, as if the brain turned over; cutting pain over the navel; cold and shivered; watery diarrhoea, brown color, with excoriation of the anus; feet inclined to be cold; bruised feeling of the top of the spine;

sore pain under the navel; diarrhoea pains all the afternoon, with bearing-down, and burning in old piles; thirst, uneasy sensation in the bowels, noises, rumbling, feel cold; pains at times during the evening in the stomach.

Pain in the head on turning round as if the brain were stretched; all the symptoms relieved or gone.

27th. Had a very restless night, but no headache; limbs very stiff on getting up, with putrid taste; all the pains at times in the head but very slight. Pains in the bowels during the day, with inclination to diarrhoea. Heaviness and weariness in the head in the evening, relieved by holding the head backwards, with slight stiffness of the neck. Slight pricking; bruised feeling in the left brow for a few minutes in the evening; also excoriation and ulceration of the left nostril.

28th. Slept well; no headache; the symptoms disappeared, but rather irritable.

30th. A stupid sort of feeling in left temple towards the eye, relieved by the free use of the finger, liable to such a pain in east winds; generally confined to left side; occasionally in the right. Dull, stupefying pain with sleepy feeling and mistiness, causing me to wipe a supposed film from the eye, feeling as if a hair was hanging over the eye; sleep often removes the headache. The other parts of the brain seem to think clear enough, but the affected part unfit for use; when the headache comes on, spit a quantity of brown, dirty-tasting saliva. Pain relieved by pressing my hand on any thing hard behind the left neck at base of occiput, on any part of the left side of the head between cheek-bone and occiput.

Dec. 2d. Stiffness in left knee and a pain on stooping; could hardly rise again.

5th. Knee symptoms continued ever since, but not quite so bad to-day. Severe pain in left temple; a sort of cloudy sensation; clammy taste, more or less, every morning.

6th. Pain in the left knee when walking or stooping. Eruption of small pimples on the chin; large quantity of urine;

offensive flatulence without pain, resembling cabbage water. Violent purgings of the anus caused by old piles; feel well in health. Slight cough with expectoration. Bowels act well; itching in different parts of the body for a few minutes. Sometimes obstinate itching, and uncomfortable feeling in the genitals. Watery bladder on the upper lip, as from cold; slight huskiness in throat; itching under the chin.

7th. Pain in the knee still, when moving it. Five years ago I severely sprained it in jumping, which lamed me for several weeks, *but have not felt any thing of it until now.* The pain now is just as it was then, and I know of no other cause for it. I believe the medicine is trying it. Headache in forehead and over the right eye and temple; worse on movement, with pressure over the eye. Irritable, with nausea and giddiness, with trembling sensation in the right arm. Dirty feeling in the mouth all day; feeling great desire to be at home when abroad.

8th. Cutting pain in the bowels above the navel, as if diarrhœa would come on; pain in the left leg better; pain in the muscles of the left upper arm, on moving it or lifting, as if badly bruised. Very sore; feels stiff as from a blow or wound when resting it.

9th. Headache in the morning on waking; left side, more or less during the day; pain in the left leg better. Pain in the left arm quite gone about mid-day, but came in the right arm in the same position as in the left.

10th. Left leg still painful when stooping.

11th. Pain in leg still, rather worse, with fulness and stoppage of nose.

12th. Leg worse; can hardly use it; painful when stretching it out. Thick discharge from the nose.

13th. Leg rather easier; nose stuffed up, with pain or fulness over the eyes, with soreness of the lids.

On stretching the left leg, the stiffness in centre of hollow of knee is like stretching a cord. Great pain in knee on stooping; cannot squat with left leg, it being so stiff, and when stooping a little, have *no* strength to get up with it.

Head feels hot and stupid, inclined frequently to draw a deep breath to relieve the chest; hands feel hot and clammy to me, but are not so to any one else. Sinking, faint feeling after a meal. Leg worse in the evening. Cough, with irritation at the top of windpipe; no expectoration; at times, slight itching in throat.

14th. Leg better after sleeping and resting it. Dirty taste in the mouth on waking. Sinking feeling with faintness after a meal. Cough troublesome; no expectoration, but nose still stopped up.

15th. Leg better, but very stiff. Cough not so frequent; slight soreness of throat.

16th. Sore throat, with considerable hoarseness before getting up; sweetish taste; better during the morning, but throat out of tone, relaxed; bruised feeling of forehead, with dimness of the eyes. Leg not so painful. Trembling of both arms and hands in the evening. Since commencing this proving, I have not slept so well. I used seldom or never to wake in the night; now I frequently do. Considerable pain in old bunion.

17th. Hoarseness in the morning, with dirty taste; headache as usual, but slight itching in different parts of the body, as if it were small pimples. Leg better, but painful when stretched. Thirst and cough.

18th. Hoarseness in morning better; sleep better; leg better; cough now and then dry; itching at the top of windpipe; a pimple on upper lip.

19th. Leg very stiff on bending and almost powerless to rise; cough on going into cold air, with slight expectoration; small boil on right shoulder-blade.

20th. Cough troublesome; headache; left temple and left side of head (intense) relieved by pressure; feeling of nausea and drowsiness, but unable to sleep for more than a few minutes; leg still stiff; boil on shoulder-blade *very* painful.

21st. Headache gone; cough very troublesome on first moving about, relieved by expectoration; boil still painful; leg still stiff, can bend it better after a night's rest; head-

ache over the right eye in the evening ; boil not so painful ; leg *much* worse, cannot use it without very considerable pain ; have walked to-day about two miles ; after sitting down it was intensely painful on rising ; slightly better on moving about ; have spit a little bright blood two or three times.

22d. Headache in the morning, principally in the back of the head, lasting till after tea in the afternoon ; dull and sleepy ; felt a slight, burning, smarting sensation in the left side of the throat for a few seconds ; an hour after, the same sensation in the right side for the same time ; leg getting quite useless, obliged to rest it, and put my hand to help move it ; cough very troublesome, with difficult expectoration of light-colored phlegm, causing soreness and roughness of the throat ; no pain in boil whatever, but slightly sore when touched ; thirst at night, with dirty taste in mouth ; sleep better ; a good deal of flatulence.

23d. Cough in the morning, almost making me sick ; retching slightly ; slight headache, passing off after breakfast ; leg very stiff, feels as if it had been dislocated at knee ; cannot bend it without pain ; boil quite gone ; pimple on lip gone ; lip feels slimy ; rumbling noise in bowels, followed by flatulence ; bowels act daily.

27th. Have felt nothing the last three or four days, except the pain in my leg, which is sometimes better and sometimes very painful.

27th. To-day troublesome itching and stinging sensation in the neck all round like pins pricking ; considerable discharge from nose and partial stoppage ; occasional cough.

31st. For several days past considerable discharge from the nose, with obstinate stoppage ; cough mornings, with slight expectoration, tough mucus, also on going into the cold air ; slight headache, with irritable feeling ; inclination to toothache in left side of lower jaw in decayed double tooth ; leg still very weak and painful, unable to walk fast or run ; pain under left ham on stretching the leg ; soon get cold in the feet and legs when walking out-doors ; flatulence,

with slight pain in bowels ; sinking feeling in stomach ; not much appetite ; dirty, putrid taste in mouth morning on waking.

Jan. 8d. In the evening *excessively* tender spot just under the navel when touched, felt in the evening when going to bed.

4th. Bowels acted unusually free ; leg better.

8th. All the symptoms relieved or gone ; little or no cough ; slight expectoration of mucus ; leg better, but stiff, with at times slight pain.

23d. Headache over left eye same as before, passing off after eating ; left leg still very weak ; itching at times in different parts of the body.

31st. Great irritation and irritable feeling in left half of head, as before, with coldness of body and shivering ; painful gum-boil in left upper jaw, with considerable swelling of face ; discharge of matter from two heads ; pain in right side of face, with slight swelling and stiffness, as if a boil would form ; sore and tender when touched ; feel very much out of sorts ; low-spirited, with inclination to do a lot of work, but get tired and irritated as soon as I begin. Slept with my mouth open, and breath very offensive, putrid ; left cheek swollen and gums inflamed.

## SECOND PROVING OF PLANTAGO MAJOR.

June 13th, 1867, 10.45 P. M. Took gutt. xx. 2d cent. dil.

14th, 8 A. M. Slight discharge of bright blood, with motion ; no pain.

9 A. M. Pain over the left eyebrow and deep in the scalp ; bruised, dull aching, relieved by shutting the eye ; irritable feeling in the head, with soreness of the eyes ; muscular drawing pain under the right breast for a second ; inclination to diarrhoea ; feeling of nausea ; coldness of body ; shivering.

June 14th, 10.45 A. M. Took xx. drop 2d cent.

12 noon. Shivering ; feel very cold.

1 P. M. Inclination to diarrhœa, with cutting pain under the navel; diarrhœa, with discharge of bright blood, with *painful* urging (dysentery) as if the gut would protrude.

The remainder of this proving I have unfortunately lost. One principal symptom that I well remember, was a **SUDDEN** discharge of clear water from the left nostril, without pain, about ten or twelve drops.

### THIRD PROVING WITH O TINCTURE.

June 25th, 1867, 10.25 P. M. Took six drops O.

26th, 8.40 A. M. Took six drops O.

At 9 o'clock. Huskiness in the throat, with accumulation of *very* tenacious phlegm; unable to clear the throat, with slight, sore, burning feeling.

10. Bruised feeling, with fulness in both temples; feeling of suppressed irritability.

1.30. Violent griping pain in the bowels, causing perspiration, with diarrhœa discharge, brown color, fermented, frothy motion, with urging.

27th, 11 A. M. Five drops O tincture.

28th. Awoke with huskiness and soreness in the throat, with rawness and irritation; difficulty of clearing the throat, feeling as if I had taken cold.

9.30. Very sharp, sudden, griping, drawing pain in the left side of the navel, causing me to cry out.

### FOURTH PROVING OF PLANTAGO MAJOR.

12TH CENT. DIL.

Oct. 1st, 1867, at 12.30 mid-day. Took twenty drops. In good health and spirits, free from all pain, but with a sensation of bearing-down, caused by piles of long standing.

Oct. 2d. On waking feeling of rawness in the throat; relaxed, with sensation as if I had taken cold.

11.30. **SUDDEN** discharge of yellowish *water* from the right nostril, about a dozen drops, repeated twice within the

hour, but not so much in quantity; great soreness and tenderness of the navel, as if ulcerated; can't bear my clothes; feeling of irritation in the forehead; impatient to get any thing finished.

Oct. 2d, 10.45 P. M. Took twenty drops 12th cent. dil.

Oct. 3d, 9 o'clock. Inclination to diarrhœa, with slight pain in the lower part of the bowels, cutting.

10.45 P. M. Took twenty drops 12°.

Oct. 5th. In the morning awoke with pain in the loins, aching worse on moving; also headache in the left half of head, principally in the temple; bruised sensation; mid-day bruised sensation all over the head as if beaten, with pain extending to the top of nose; great feeling of irritation; cannot bear to be spoken to; fine, drawing sensation over the bridge of nose; pain in the right side of the face; neuralgia; feeling of nausea, as if going to have a bilious attack, with inclination to diarrhœa; cold perspiration at the bottom of the back; feeling of chilliness, with flushed face; feeling of swelling about the head; the least noise appears to go through one; clammy taste in the mouth in the morning; dirty taste; putrid smell from the breath; pain in the head, relieved by pressure for a few seconds, or from contact with any thing cold; feeling in the throat as of a slight swelling deep down on the right side.

6th. Slight headache in the right temple, with irritable feeling; inclination to diarrhœa, feeling as if the least pressure with the *fingers* would sprain *them*.

7th. Awoke with pain over the right kidney, aching worse on moving.

10.45 P. M. Took twenty drops 12°.

10th. Slight rawness and soreness of throat; relaxed sensation, with slight, acrid expectoration.

8.20 P. M. Took twelve drops 12°.

11th. Awoke in the night with sharp attack of faceache, the right side of cheek; violent aching pain, with much heat and thirst; throat much worse; intense soreness and relaxed feeling, with considerable hoarseness; constant desire

to clear the throat of tenacious, white phlegm ; burning, acrid taste ; obliged to cough and scrape the throat for that purpose ; *constant* scraping cough ; phlegm slightly sweet ; throat raw ; heavy sleep, with dreams, lascivious dreams ; feeling of irritability about the head in different parts ; fine stitches ; sore feeling of the left nostril, sore to the touch ; bowels act regular every day.

12th. Burning heat of the face ; flushed after tea, with headache in the left temple ; bruised pain in one spot over the eye.

15th. Flushed face, continues every evening ; headache continues ; discharge of bright-colored blood from the anus during stool rather freely, but no pain ; feeling of weakness and faintness after use of bowels.

16th. Toothache in the left upper molars at night ; fine, drawing pain, feeling as if it were going to throb ; head better during the day ; after tea flushed face and slight return of headache ; bowels acted freely, but no blood ; feeling as if the heat of the room was unbearable, producing perspiration.

17th. Itching ; stinging itching at the top of thorax, with redness, stinging as if flea-bitten, worse on rubbing ; low spirits ; irritable ; disinclination to work ; bad memory ; feeling of fulness of the gland, left side of neck, extending to the side of face ; inclination to faceache ; sudden, fine, drawing, and shooting pain subacute ; one or two very small sore pimples on the face, loins, and seat pricking like a pin on touching ; bruised, irritable feeling in the left side of head, relieved by lying on it and by pressure ; drowsy feeling ; unrefreshing sleep ; dreaming ; wakefulness and heavy sleep ; fulness about the root of nose ; dryness of nose.

24th. Faceache on going to bed, very severe, almost driving one to distraction, consisting of an aching, sore, bruised sensation, as if ulcerated, in the left side of the face and temple, passing off in about an hour ; discharge of blood with every motion, for two or three days in succession ; bruised sensation on the top of both thighs when walking, as if from

overwalking, passing off on walking fast; difficulty at first in doing so; bruised sensation in both temples; tingling sensation also about the root of nose, fulness of the head and sore feeling in the temples; inclination to faceache; soreness of the eyelids.

26th. Faceache in the night; unable to sleep; severe, aching pain in the left side of face, worse on getting warm in bed; *violent, bruised, aching* pain in the right side of face on getting warm walking, easier every few minutes; pain entirely gone from left side of face; in the evening in both temples boring, aching pain, worse in a warm room; fine stitches before and above the ear, feeling as if the bone were swollen, with stiffness; bruised sensation in the forehead and temples; shooting pain in the jaw teeth; small, mattery ulcers on the gums; discoloration of the gums, dark red; throat relaxed, sore, feeling as if raw and had taken a bad cold, with hoarseness and irritating cough; the whole front half of the head, face, jaws, and gums feel sore and bruised; feeling of stiffness, and fulness of gums and face, both sides. A pin or any thing behind the ear causes great irritation; obliged to remove it.

About the middle of November, after supposing all the symptoms to have subsided, had a violent attack of faceache; both sides of the face most intense, indescribable pain; head seemed to be swollen; relieved by platina.

Two or three days after had a violent attack of bleeding from the anus in the morning after getting up, without pain; while at stool passed from four to six ounces of pure, bright-colored blood in a perfect stream; and again, about mid-day, one or two ounces; the blood has since shown itself several times, but very little. At present I am in a very weak state; my muscular strength, which was very great, (being able to work at the most difficult gymnastic exercises for hours together, without fatigue, and to lift with either arm upright over my head, many times in succession, a fifty-six pound weight,) has almost entirely left me, and all my endurance seems gone. Whether this is the effect of the medicine or not I must leave for others to prove.

## THE REVIEW OF DR. BURGHER REVIEWED.

BY A. J. BELLOWS, M. D.\*

If the Review of Dr. Burgher had been published in the *Observer*, so as to meet the same eyes that saw the article reviewed, it would have required no reply; then every reader would understand the object of my article to have been to prove by incontestible facts that long-continued suffering, which had resisted all known single remedies, had been relieved by a combination of the same remedies, and that scores (I can now say hundreds) of men and women are to-day blessing God and Homœopathy for relief by such combinations.

I also endeavored to show that these combinations were in harmony with Homœopathic ideas, inasmuch as most diseases whose origin has been ascertained are traced to combined causes. In this I was successful, having since received from nearly one hundred Homœopathic physicians, from all parts of the country, from Mobile to Montreal, inclusive, letters commending the common-sense Homœopathic doctrine of the

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\* We publish with pleasure all that portion of Dr. Bellows' reply to Dr. Burgher which relates to the medical subject under consideration. The rest, consisting merely of obscure personal references to cases of unmentioned societies, concerning expulsion, hardly seems to be of sufficient interest to justify the space it would fill. We implore our correspondents to discuss practical medical and professional subjects in a manner truly scientific—that is, *abstracted from personalities*. And in the present instance the query of Dr. Burgher, as to whether the American Institute would *endorse* Dr. Bellows, is too mild an expression to be construed as "recommending condign punishment," even when reference is at the same time made to the expulsion of one for selling secret remedies, and to the protest against another for attempting to foist upon the profession a statement claimed to be made by Hahnemann, but which was, at the best, of very doubtful authenticity, and which is most certainly in direct opposition to the entire system of medicine to the inculcation and practice of which he devoted his whole life.

article, and expressing a determination to try the combinations proposed.

I also stated the fact that will not be disputed, that Hahnemann wrote an article recommending the combination of drugs, which would have been inserted in his "Organon" but for the dissuasion of Bönninghausen.\* I also distinctly stated that I recommended no medicines which were not in strict accordance with Homœopathic provings, and "never give two medicines where one is sufficient." And yet Dr. Burgher occupies four pages of your valuable journal without mentioning one of these important points, devoting the whole to the discussion of points perfectly unimportant to the question, while his manifest object was to persuade your readers, who are not supposed to have seen my article, that I was guilty of proposing "theoretical *modus medendi*, intended to subvert Homœopathy;" that "I insisted on being the champion of heterogeneous mixtures," and that I said "that those only who use poly-pharmacy are right." Closing with the following words, which can mean nothing else but to recommend condign punishment for such heinous offences: "The American Institute of Homœopathy expelled Humphrey and denounced Lutze—will it endorse Bellows?"

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\* Dr. Lutze's mutilations and perversion of Hahnemann's "Organon" in his sixth edition have been exposed and protested against from all sides. It has been shown that Lutze removed several paragraphs of Hahnemann's (272-274 of the fifth edition), and substituted for it a new paragraph, which expresses directly the opposite of what was before said therein. We advise the learned gentlemen who take the liberty to quote these paragraphs as "authority" to read the excellent exposition of Lutze's shortcomings, and the condemnation of him, so clearly laid before the profession by Dr. Carrol Dunham in the fifth volume of the *American Homœopathic Review*, p. 557.

## AMERICAN INSTITUTE AND DR. FINCKE.\*

The following resolution was presented by Dr. Foote, at the meeting of the American Institute of Homœopathy, at New York, June 6th, 1867 :

"*Whereas*, The preparations of Homœopathic medicines known as Fincke's High Potencies have been used and are recommended by many of our profession, and

"*Whereas*, Dr. Fincke has publicly stated his desire to publish to the profession, at the proper time, his mode of attenuating the same; therefore,

"*Resolved*, That in the opinion of this Institute, the time has fully come when such exposition should be made, and, in behalf of the profession, we respectfully solicit from Dr. Fincke his mode of preparing the same at his earliest convenience."

Upon the adoption of this resolution, Dr. Fincke rose and made the following statement :

"Gentlemen, the sentence alluded to in your resolution has been misconstrued by half, as it seems to me. I did not think of prescribing to the profession the proper time when I should tell them, but I meant the time when I should be able to write down my experience, and when I should find a publisher to print it. As soon as these conditions are fulfilled, I promise you to tell you every thing how my potencies are made. But there is no manner of secrecy about them. They are made from well-known substances, the same that you use in various potencies. They are diluted on the centesimal scale, and every one of them is actually what it says, the centesimal dilution of the remedy. So there is no secret about it at all. Now, in the course of my studies, I have arrived at the fact that the 100,000th potency does not only cure, but even produce provings. It was such an accidental proving which I presented to-day to the Institute, and I thought it my duty to apprise the profession of it. In conclusion, I hope you will construe what I have to say rather in my favor than against me."

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\* This paper furnished by Dr. Fincke, in reply to Dr. A. R. Morgan, we publish at his request, and for future reference.

If Dr. Fincke would frankly reply, categorically, to the inquiry, as to whether his potencies are prepared in accordance with the method laid down by Hahnemann or not, he would at least avoid the charge of disingenuousness.

## CLINICAL CASES.

## PNEUMONIA; CHILLS.—BY W. T. URIB, M. D.

A. B., aged 20, was taken with a slight chill, with pain in the left breast of a dull, aching character, some cough, and spitting of thick, white mucus. After examining him some little, I diagnosed pneumonia of the left lower lobe; he had some fever, headache, which was relieved from motion on the pillow, eyes very red, skin hot and dry, bowels constipated. He was spitting up frothy phlegm with a good deal of water. I had another case of pneumonia on hand, and in studying out the remedies, I found, under *Arnica*, by German authority, the following symptom: Spitting of frothy phlegm with water. I gave *Arnica* 4<sup>m</sup> in aq., a teaspoonful every four hours. When I called the next day, he had improved so much that I discontinued the *Arnica* and gave *Sac. lac.*, and in four days was able to be up and about, and is now perfectly well and at work. He took no other medicine, proving the effect of Homœopathy in a malarious country.

FREDDIE, aged 12, was taken sick with severe pain in the head, with red face and eyes, aching in the limbs, delirious at night, great thirst, drinking large quantities, but not very often. Bowels very much constipated. Not being very well posted in the selection of the remedies, and not knowing whether it would end in chill or inflammation of the brain, I gave *Bella*. 2<sup>c</sup> in aq. The next day he was, to all appearances, well, except some weakness. I gave *Sac. lac.*, and began to pride myself on my success. But, on the third day, between 9 and 11 o'clock precisely, the same symptoms appeared again. I was now positive there was nothing the matter with the brain, and that it must be a chill. Upon examining the *Mat. Med.*, I found that *Nat. mur.* was the very thing I wanted. I gave one dose of 2<sup>m</sup> potency, dry on the tongue, and *Sac. lac.* powders, to be taken three per day, and had the satisfaction of seeing my patient completely cured.

After this case I was perfectly at home as regards the chills, and wherever I found the symptoms similar or nearly so, I gave the same remedy and always met with success, unless the patient had been previously drugged with Quinine, Calomel, Scholē's pills, or Arsenic; in that case I gave *Puls.*<sup>30</sup> in three doses, and then *Nat. mur.* 2<sup>m</sup>, and was never troubled with the same person twice.

This being formerly a slave State, we have a great many blacks, but I find no more difficulty prescribing for them than for the whites. In the majority of cases it acts much quicker, unless opposed very violently by the psoric miasm in the constitution.

I am the first and only Homœopathic physician in this county, and am compelled, in part, to take those cases that have been pronounced incurable by the physicians of the old school, and I am happy to say that I have met with considerable success, much to the dissatisfaction of those who term me quack and humbug.

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### NURSING SORE-MOUTH.

BY J. S. SHEPHERD, M. D., California.

My object in writing this is to call attention to the use of Phosphorus in the treatment of nursing sore-mouth, a disease which prevailed to a great extent in Wisconsin several years ago, but is seldom met with in this State. As an Allopathist, I had obtained some note in treating it; consequently, in changing my practice, cases still came to me, but, although I gave the remedies recommended for it by all the authorities I could obtain, I was obliged to exclaim: Has Homœopathy no relief for such a troublesome scourge? And, instead of falling back on my escharotics and astringents, I determined to search the *Materia Medica Pura*, and came to the conclusion that Phosphorus ought to be tried, and from that day to this it has never failed of radically curing in my hands, no matter in what potency I administered it; but I may say that I have generally given the 80th potency once a day.

## PUBLICATIONS RECEIVED.

THE BRITISH JOURNAL OF HOMŒOPATHY, January, 1868.

This Journal comes very promptly and seasonably by mail, prepaid with nine one-penny stamps. The new volume begins with what promises to be a valuable and exhaustive proving of *Nitrate of Uranium*, by E. T. Blake, M. R. C. S., Wolverhampton. Dr. Oznam's paper on "*Pæonia Officinalis* in Ulcers," read at the Homœopathic Congress of 1867 in Paris, is given in full. "The little we know" (of the peony, says Dr. O.) "has already furnished me with admirable results in the treatment of *different sorts of chronic ulcers*, and in particular of those seated on parts of the body below the umbilicus."

Dr. Hughes' article on "*Purpura Hæmorrhagica*," and Dr. Drysdale's (continued) on "*The use of Specifics*," deserve careful study.

We are much pleased to observe a very kindly review of Dr. Guernsey's "*Obstetrics*," but must beg leave to correct the editor with reference to his very natural "protest against the account given, *ex cathedrâ*, of the process of impregnation." "Dr. Guernsey," says the *Review*, "states in his preface that he is indebted to the 'assistance of his friend and colleague, J. H. P. Frost, M. D., in preparing the *physiological parts*, descriptions of diseases, &c.' The above (account of the process of impregnation) is perhaps one of the said Dr. Frost's vagaries; but we must not the less hold Dr. Guernsey responsible for its appearance in his book."

We must take the liberty to assure the *Review* that the supposititious *theory of the mode of impregnation* given in this work on obstetrics is by no manner of means "one of Dr. Frost's vagaries," but an especial favorite and pet theory of Dr. Guernsey himself, which (like all other theories that from their very nature are insusceptible of proof) must be taken for just what it is worth. The *ex cathedrâ* manner in which this theory is propounded, as if it were an established fact, Dr. G. will, I doubt not, cheerfully rectify in a subsequent edition.

In a foot-note the Reviewer puts in a plea for the correct use of the English language by Americans. There are no doubt plenty of errors of all kinds,—sins of omission and of commission,—in the work under consideration; but the incorrectness, which, from its appearing in the passage quoted

from the Preface to the "Obstetrics," seems to have called for this plea, is one of the Reviewer's own making: "It will be necessary, in order to prescribe efficiently," &c.,—by omitting the last syllable of this latter word and changing the adverb *efficiently* into the adjective *efficient*, the Reviewer has (inadvertently no doubt) perpetrated the very incorrectness of which he so justly complains.

Dr. Neidhard's monograph on "Diphtheria" receives also a very favorable notice in this number of the *British Journal*. F.

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THE UNITED STATES MEDICAL AND SURGICAL JOURNAL, No. 10, January, 1868, is ornamented with a finely engraved likeness of J. H. Pulte, M. D., (born in Westphalia, Prussia, 1811,) one of the pioneers of Homœopathy in the West, and author of the domestic works on Homœopathy which have been most extensively sold in this and in other countries.

The leading article, on "The Essential Nature of Disease: its Causes and its Cure," is by Dr. P. P. Wells. We commend the following paragraph to the meditation of those of the "pathological school:"

"We go further, and enter our protest against this exploration of dead bodies for the discovery of the essential nature of disease. We protest against the *results* of diseased action, in whatever form, or in whatever disease, being imposed on science *as the disease itself*. We protest against this, as utterly confounding the radical distinctions of cause and effect; and, while uttering this protest, we affirm, without hesitation, that the only investigation which can throw light on the essential nature of disease is that of the disease itself, during life, and not of its *products* merely; and, least of all, as those are revealed in the cadaver. In this we are not to be understood as opposing *post-mortem* dissections, but only the attempt to discover from them what they can never disclose, and the other attempt to palm off its rendition of the effects of diseases as being in themselves their own discovered causes."

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AMERICAN HOMŒOPATHIC OBSERVER. Vol. V., No. 1, January, 1868. E. A. Lodge, M. D., Editor; E. M. Hale, M. D., Editor of Mat. Med. Department; B. W. James, M. D., Editor of Surgical Department.

**PATHOLOGICAL ANATOMY OF THE FEMALE SEXUAL ORGANS.** By J. M. Klob, M. D., Professor at the University of Vienna. Translated from the German by J. Kammerer, M. D., and B. F. Dawson, M. D., of New York. Large octavo, pp. 299. Moorhead, Simpson & Bond, New York, 1868.

This work, beautifully printed on fine tinted paper, appears to be only the first of a series, and is devoted to *Affections of the Uterus*. A brief extract from the translator's preface will give a good idea of the high value of this volume to those who wish to make themselves thoroughly familiar with this subject: "The gynecologist, previous to this publication, was compelled to search for information regarding the pathological anatomy of this specialty among the general treatises on this subject, and the clinical works on the diseases of females, as well as articles published at various times in the periodicals. The scientific work on the pathology of the diseases of the genital organs of women which is now presented to the reader exhausts as far as possible the anatomical researches made up to the present time in this department of medicine. It embraces the latest views of the German school, together with many original ones of the author."

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**THE PHILOSOPHY OF EATING.** By A. J. Bellows, M. D., late Professor of Chemistry, Physiology, and Hygiene. New York: Hurd & Houghton. Boston: E. P. Dutton & Co. 1867. Octavo, pp. 342.

This book, with rather a pretentious title, consists of a complete exposition of the natural history of food and drink in its adaptation to the human system. It is filled with valuable and most important information, and a cheap pamphlet edition, sent broadcast through the land, would, in our opinion, do an immense amount of good. We quote a single sentence, almost at random, to show the sound spirit of the author: "Beefsteak and nitric acid both owe their active properties to nitrogen, and the chemical combinations in both are nearly the same; the one is nourishing and the other poisonous in proportion to the amount of nitrogen it contains. What folly, then, to attempt to decide on the influence of any substance on the human system by its chemical combination! Chemical must always obey vital law, as lower law the higher."

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR 1867. Vol. V. H. D. PAINE, M. D., Secretary.

Among the papers possessed of general interest, we notice Dr. S. R. Kirby's Address, containing important historical reminiscences; a brief proving of Electro-Magnetism, by H. C. Hubbard, M. D.; Observations on *Spigelia*, by C. W. Boyce, M. D.; an illustrated account of the removal of a portion of the inferior Maxillary Bone, by E. B. Holmes, M. D.; Statistical Report, showing the superiority of Homœopathic over Allopathic Treatment, by H. M. Paine, M. D.; Homœopathy and the Metropolitan Board of Health.

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THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. No. 5. Edited by Drs. C. Hering and H. N. Martin. The January number concludes the pathogenesis of *Eupatorium perfoliatum*, and commences that of *Eupat. purpureum*.

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THE NEW ENGLAND MEDICAL GAZETTE. Edited by Drs. Angell and Talbot. Vol. III., No. 1, January, 1868. We notice an interesting paper on *Hydrastis can.*, by W. Williamson, M. D., read at the late Semi-annual Meeting of the Massachusetts Homœopathic Medical Society.

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ON THE ACTION OF DIGITALIS. By E. M. Hale, M.D. Read before the Illinois State Homœopathic Medical Society, 1867. A *resumé*, pathogenetic and clinical, from Allopathic and Homœopathic sources.

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PLANTAGO MAJOR, PROVING, by Alfred Heath, Esq., Homœopathic Pharmaceutist, London. We commend to our readers this very carefully made proving, and, in behalf of the profession, return thanks to Mr. Heath for this contribution to our *Materia Medica*.

THE  
HAHNEMANNIAN MONTHLY.

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Vol. III.

PHILADELPHIA, MARCH, 1868.

No. 8.

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VALEDICTORY ADDRESS

To the Graduating Class of the Homœopathic Medical College of Penna.,  
Delivered at its Twentieth Annual Commencement, February 28, 1868.

BY A. R. MORGAN, M. D., *Professor of Institutes and Practice.*

GENTLEMEN OF THE GRADUATING CLASS:

GENTLEMEN AND LADIES:—Schiller has somewhere said that “the world is held together by love and hunger”—meaning the world of man, or man in his domestic and social relations; but this idea has a more important signification when we contemplate the fact that the affections minister to our spiritual development and growth, while food goes to build up and maintain the material body.

Our theme on the present occasion will be the *dynamic* and *material* ideas in medicine. We shall employ these two terms in an antipodal sense.

Man is a dual being, but we, in our province as physicians, are compelled to regard him as an unit. We can neither ignore his wonderful twofold nature, nor can we, in our consideration of the individual man, separate the intimate union which exists between the spiritual human soul and the material body. The *dynamic* school of medicine attributes all the phenomena of nature to an interior or spiritual cause. The *material* school, of which Spinoza\* was a promi-

\* A Cartesian run mad.

nent representative, asserts that force is but an effect of matter,—which is equivalent to saying that matter is prior to force,—it declares the mind and body to be one and inseparable. It does not consent to a separation between spiritual and natural things, but attributes all the phenomena of life to development or organization.

With Cabanis, it holds to the profane conclusion that “the brain secretes thought as the liver does bile.”

The *dynamic* school claims that the study of the human organism can only be reached through primary causes, and that these causes are spiritual, to which the material organism holds merely the relation of a garment of flesh.

The dynamic school believes that “a physician whose horizon is bounded by an historical knowledge of the human machine alone, who only distinguishes the coarser wheels of this piece of intellectual clock-work, will never raise the Hippocratic art above the narrow sphere of a mere bread-earning-craft.”

The materialist starts on his journey of physiological exploration, from what is termed the primary cell, which he regards as a positive, material entity, and not as a mere receptacle of life.

He is unable to go behind the primary cell and treat of causes which were active previous to its physical creation; he apparently ignores the fact that this cell had a beginning.

To say, as the materialist does, that one cell springs from another cell, is simple tautology, an assertion which explains nothing.

This little cell, therefore, is the mysterious and impregnable fortress before which the allied armies of materialism halt in helpless bewilderment; it is a structure beyond which the sensual eye cannot penetrate—where the material horizon shuts down, and the spiritual problem opens. It is the *punctum saliens* through which is revealed a new and boundless field of study,—the domain of Psychology.

The general drift of modern, scientific research is in the direction of this new field, in spite of all the traditional and material influences which oppose it.

This is evident even in the Allopathic school of medicine, as may be seen by the recent publication of many works upon the subject of Psychological Medicine, Pathology of the Mind, &c.

If the phenomena of life, of physiological function, and of

organization are only capable of explanation upon psychological grounds, we must also look to the same source for an understanding of morbid function and structural disorganization, or what we call disease; and the art which deals with these occult causes must also be psychological. Such an art is modern medicine.

The relations existing between the spiritual-vital principle and the material frame-work were well nigh lost sight of—they have been neglected and overwhelmed by the atheistic and material tendencies of the past.

The peculiar ideas of every system of medicine, from antiquity down, have been founded upon the especial philosophy of its advocates.

The early philosophers were the early physicians, and the science of medicine has advanced or declined in exact ratio with the march of civilization.

In medicine, we observe at the present time two principal and rival schools,—each sanctioned by high authority, each striving for supremacy,—the Homœopathic and the Allopathic.

If we turn to the field of philosophy we find there also two rival and antagonistic systems whose roots penetrate the mould of antiquity.

These two systems, originally maintained by Plato and Aristotle,\* (the two oldest philosophers, whose writings have come down to us well preserved,) have descended to the present time, modified and elaborated by the erudition and speculative genius of successive ages, and are denominated the *spiritual* and *material*, or the *ideal* and *sensual* schools.

Plato,† the elder of these two philosophers, was profoundly versed in the doctrines of those grand old pagan sages, Pythagoras and Socrates, who preceded him, and from whom he derived his fundamental ideas.

Aristotle‡ was the disciple of Plato, but in later years he deviated widely from the doctrines of his master. He was succeeded by Epicurus, who more positively advocated the doctrine of materialism.§

\* The founders of the Platonic and Peripatetic sects.

† Born 429 B. C., ob., died 348 B. C.

‡ Born 384 B. C., ob., 321 B. C.

§ Dr. Turnbull, in his introductory essay to Sir William Hamilton's "*Discussions*," claims that Aristotle is misunderstood by modern writers and his views misrepresented. He claims that the sensual school, as opposed to supernaturalism, was founded by Epicurus, a

On the one hand we are able to follow a continuous chain from Pythagoras to Plato, Origen, Des Cartes,<sup>1</sup> Leibnitz,<sup>2</sup> Swedenborg,<sup>3</sup> Kant,<sup>4</sup> Sir William Hamilton, and Agassiz.

On the other hand, we trace, link by link, the names of Aristotle, Epicurus, Bacon,<sup>5</sup> Locke, Hume, Voltaire, Comte,<sup>6</sup> Cousin, J. Stuart Mill, Buckle, and Darwin.

One line leading us continually upward towards a connection with the Divine source, the other carrying us downward by successive gradations to the monkey, the mollusk, and the sponge,—at last, dropping humanity as a paltry thimbleful of dirt,—a literal return “to the dust of the earth.” One system is elevating and spiritual; the other degrading, sensual, and atheistic.

In medicine the ultimate fruits of these two systems are represented on the one hand by Homœopathy, on the other by Allopathy. But, as medicine has ever been dependent upon philosophical systems, let us briefly examine the earliest, of which we possess authentic record—those of Plato and Aristotle.

Plato regarded the Deity as the source of all power; he maintained that matter itself had no power or force—that God acted through matter as his instrument—he taught that “the entire world of things, sensible and bodily, being generated and produced, must have had a source or cause of production,” and also “that the spiritual principle alone could be regarded as the formative cause.” Ritter, Vol. II., pp. 277–8.

Plato represented matter as the receptacle or common mother, while God was the Fashioner or Father of the universe.

Aristotle was less lofty than Plato in his aspirations; he was of a cold, mathematical nature, and his writings lack the warm and glowing inspiration and profound insight which belong to the philosopher of Samos.

The cast of Aristotle's mind is clearly indicated in his famous aphorism: “Men who desire to learn must previously learn how to doubt.”

Peripatetic disciple, who did not fully understand his master; yet it must be admitted the philosophy of the latter was a legitimate outgrowth from the fundamental axiom of Aristotle, that “*all ideas come from the senses.*”

<sup>1</sup> Born 1648.

<sup>2</sup> Born 1724, died 1804.

<sup>3</sup> Born 1682.

<sup>4</sup> Born 1688, died 1772.

<sup>5</sup> Died 1626.

<sup>6</sup> Born 1795.

This aphorism is the Shibboleth of skepticism: Plato soared beyond the confines of material objects and traced creation to the one Omnipotent source; he regarded reason as the type of the Deity, and God as "the measure of all things," (Ritter, Vol. II., p. 275,) and declared that the body was for the uses of the soul; therefore the soul existed anteriorly to the body.

Aristotle worshipped the reason as the Deity itself—he doubted the immortality of the individual soul,\* and tells us that what is called "the soul is nothing else than the reunion of the different functions which the organical body performs."†

In short, Aristotle originated the development theory, which has since been elaborated and stoutly advocated by Darwin, Maudsley, and other modern materialists.

This theory asserts that man is a direct outgrowth from inferior forms and species, and that all mental phenomena are the result of organization.

Plato was internal and ideal, Aristotle external and sensual. Thus, it may be seen that these two intellectual giants of the pagan world, more than three hundred years before the Christian era, wrought out the foundation-stones upon which all later theories of theology and science have been erected.

Plato gathered together the scattered teachings of Moses, of Zoroaster, of Pythagoras, and of Socrates; grafted them upon the symbolic legends of the heathen mythology, and commenced the erection of a temple destined to receive the higher truths of the approaching Christian dispensation,—an enduring structure, to be surmounted by a beacon, whose light, obscured for a time, shines with increasing splendor after the lapse of centuries—a pillar of cloud by day and of fire by night, gleaming brightly across the gloomy wastes of the dark ages, illuminating the avenues of thought in the nineteenth century, and destined to shine brighter and brighter until the perfect day. The less permanent edifice of Aristotle was demolished by the Reformation.

It is the vain-glorious boast of the Allopathic school of medicine that their method of cure has descended in an unbroken line from the remotest antiquity.

They arrogantly claim a pedigree from Hippocrates, the

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\* Ritter, Vol. III., p. 256.

† Ritter, Vol. III., p. 242.

acknowledged father of physic, almost as unique and canonical as the apostolic succession of the Church of Rome. They claim that their system alone combines the accumulated wisdom of more than two thousand years.

Let us briefly scan the pages of history and decide for ourselves upon what ground this assumption is based.

The ancient Hindoos, Jews, Egyptians, Chaldeans, and Persians had their traditions of medical lore.

In the history of ancient Greece the subject is veiled in the eloquent symbols of mythology. The science of healing was the sacred vocation of the gods, and was practiced only by the priests of Esculapius, the god of medicine.

The earliest attempt to cultivate medicine as an art is obscurely traced to the Pythagorean school established at Crotona, (in the south of Italy,) about 500 years B. C. From this source sprang the Asclepiadæ, or the first regular practitioners of the healing art, who visited the sick at their houses. Before Asclepiades, the practice of medicine was confined to treatment in the temples. Next arose the Dogmatic and Empirical schools; afterwards grew up Methodism, Eclecticism, &c., &c.

Hippocrates\* was the first who endeavored to reduce medicine to something like a systematic method; to separate it from its previous connection with the school of philosophy, where it held a comparatively subordinate position; and so potent was his influence that afterwards the healing art was called "the art of Hippocrates."† He lived at a sublime period of the world's history—the age of *Pericles*. He was the cotemporary of Plato and Aristotle.

Greece had achieved her independence, and was in the zenith of her glory and power. Her magnificent temples were the admiration of the world; her schools and academies flourished, the arts and sciences were cultivated. The fame of her orators and statesmen, of her architects, painters, sculptors, scholars, and generals, has not been surpassed by the achievements of modern times.

Indeed no page of the world's history is so radiant with bold and vigorous thought and brilliant execution as that of the glorious age of *Pericles*.

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\* Born 460 B. C.

† The first Hippocrates was succeeded by several bearing the same name, whose writings have been preserved and handed down to us as the works of Hippocrates.

The principles laid down by Hippocrates were *broad and liberal*; he was educated in the ideas of Pythagoras, of Socrates and of Plato, who attributed the origin of all diseases to disturbances of the soul or vital force.

In the collection attributed to him, we find the following: "*Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by medicines which have neither similitude nor antagonism.*"

This statement was no attempt towards the establishment of a therapeutic law, but was merely a generalization from observations made in the very infancy of medical science—it was the instruction derived from hap-hazard experiment—"the result of perception, which constitutes neither a system nor a method."\*

That this was not regarded as at all fundamental or conclusive, is evident from the melancholy verdict of our author: "Art is long, life is short, opportunity fleeting, experience deceptive, and judgment difficult."†

Celsus,‡ the Latin Hippocrates, in the first century, thus alludes to the prevailing method of arriving at the effect of drugs:

"Such," he says, "was the origin of physic. By the recovery of some and the death of others, it first made distinction between things sovereign to heal and things which are improper and deadly; and thus the remedies being found, man begun to dispute the reasons of them."§

The student will perceive, by the above quotation from the Father of Physic, that, upon the score of antiquity, the Homœopathic formula, *similia similibus curantur*, is entitled to equal veneration with that of Allopathy, *contraria contrariis curantur*.

The principle of contraries, indeed, was not held as a sole and exclusive formula, until the time of Galen,|| in the second century, at about the commencement of that lamentable period of decline, which soon engulfed in nocturnal gloom the literature of the ancients.

In Galen's time, the schools of medicine were divided into numerous conflicting factions, but he came out boldly and

\* Renouard, p. 155.

† Hippoc. Apph., Liv. I.

‡ Born 80 B. C.

§ Boyle's Therap., London, 1664, p. 282.

|| Born A. D. 131.

advocated the formula, *contraria contrariis curantur*, a dogma which prevailed exclusively and uninterruptedly for many centuries, as the central doctrine around which all the schools revolved.

Time will not permit us to follow the decline of medicine which ensued after Galen; suffice it to say, from the fall of the Greek and Roman Empires, medicine,—with literature, the arts and sciences, was neglected and lost in material darkness.

The Empire of the West fell before the barbarian hordes which descended from the German forests. The Empire of the East was overrun and devastated by the conquering Saracens in the third century, who completed the destruction of the famous library at Alexandria, in Egypt, containing over 500,000 manuscript volumes; thus, at one disastrous blow, blotting out the inestimable records of the past, annihilating her schools and academies, and driving her philosophers into exile.

The cradle of science was for a time transferred to Arabia, but her institutions struggled feebly, and soon expired.

From the time of Galen, or from the second until about the fifteenth century, some advances were made in anatomy, while therapeutics declined, and theology, philosophy, and the natural sciences suffered a lethargic sleep; Christianity became mingled with paganism, and mysticism prevailed. This period culminated in the reign of superstition, of magic, of alchemy and astrology.

As an illustration of how Christianity became blended with superstition, we quote briefly from the writings of Aetius, who lived in the sixth century, a distinguished physician, the first of any note recorded as having embraced Christianity.

He recommended, that in the preparation of a certain ointment, the following incantation be repeated: "May the God of Abraham, the God of Isaac, and the God of Jacob, deign to bestow upon this medicament"\* such and such virtues, according to the desired effect.

In another place, he recommends a resort to exorcism to extract a bone from the throat, and for this purpose prescribes this formula: "Bone! as Jesus Christ caused Lazarus to come forth from the sepulchre, as Jonah came out of the whale's belly, come out of the throat!"

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\* Renouard, p. 240.

But the superstition, demoralization, and confusion of the dark ages reached an anti-climax in the person of Paracelsus,\* a renowned author and representative man of the sixteenth century. Paracelsus was Professor of Physic and Surgery at the famous College at Basle. Many of his writings have been preserved, and M. Montaigne, the eminent French physician, does not hesitate to entitle him, the "precursor of Francis Bacon,"† and also to bestow upon him the credit of having been "a great reformer in philosophy and the physical sciences."‡

Like his cotemporaries, Paracelsus repudiated the dogmas of Galen, he denounced the teachings of the old universities, and brazenly declared himself as follows :

"I, Aurelius Phillipius Theophrastus Paracelsus Bombastes ab Hobenheim, proclaim: Know, ye doctors, that my hat knows more than you, that my beard has more experience than your academies! Greeks, Latins, Arabs, French, Italians, Jews, Christians, and Mohammedans, you must follow me; I shall not follow you, for I am your monarch, and sovereignty belongs to me."§

The reign of imposture and superstition was arrested by the rising genius of the Reformation. About the middle of the fifteenth century printing was invented. This was the Archimedean lever which was destined to move the world of thought; henceforth ideas could be multiplied, distributed, and preserved. Printing gave a marvellous impetus to learning, but it was nearly a century before a new era was inaugurated by the more general dissemination of knowledge.

At this momentous epoch we are able to chronicle an entire reconstruction of science and to determine the actual rise of the systems of philosophy and medicine which predominate to-day.

In the seventeenth century, Galenism, which had been the dominant system of medicine for more than fourteen hundred years, was theoretically but not practically abandoned. Mysticism was renounced, and the long-forgotten dogmas of Hippocrates resuscitated. What had been accomplished up to that period in the collateral branches of Anatomy, Pathology, Physiology, and Chemistry was retained, but the entire system of Galenic therapeutics was discarded.

The Allopathic school in thus theoretically rejecting the

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\* Died, 1541.

† Ibid, 362.

‡ Renonard, p. 362.

§ Renouard, p. 360.

principal dogma of Galen—that diseases are cured by contraries—confessed a colossal error, one which had led them astray for more than fourteen centuries; and while professedly returning to the crude propositions of Hippocrates, they failed to secure any fixed principles from the gigantic wreck, or to establish any harmonious, definite, or consistent system of practice.

And their hackneyed complaint of our rejecting the teachings of the past, comes with ludicrous grace when we contemplate the prominent, historic fact, that at the very period of the birth and development of Homœopathy they themselves were the repudiators of their own time-honored, therapeutical doctrines.

Equally with them, we maintain a legitimate right to all the early advancements in the collateral branches of medical science, and we also hold them in equal respect and veneration. They discarded the thread-bare dogmas of Galen, and we do the same; they returned to the purely empirical doctrines of the primitive period of medicine, expressed in the weak Hippocratic proverb: "*Remedies which have cured disease must be equally efficacious in curing analogous ones.*" And there they have ever since remained, without making a single forward step in therapeutics; while we, instead of retrograding, have marched steadily forward, demonstrating the existence of an universal law of cure—a fragment of the Divine economy—a law as universal as the law of gravitation, yet not an exclusive means of cure.

We advance to-day confidently sustained by undeviating rules, and enter a field of exploration as fertile and inexhaustible as the infinite resources of God; while they, guided by no fundamental law or fixed principles of cure, are limited to the feeble and uncertain testimony of individual experience, which even Hippocrates himself pronounced "deceptive."

That this is the acknowledged position of the so-called "science" of the Allopathists to-day may be seen by referring to their publications.

In the Medical Gazette, (Vol. I., No. 13, December, 1867,) a representative Allopathic periodical, published in the city of New York, may be found the following: "In the *regular* school, remedies are given which act either similarly, differently, or antagonistically to the action of disease, just as experience or reason requires."

This is a return to the precise position which Hippocrates

held 400 years B. C. In the same article we learn that they have "no objection to the law of similars as a partial rule," but that they reject infinitesimal doses as "not only irrational in themselves," but because they claim that "they are rejected by the major part of the Homœopathists themselves."

We leave to the tribunal of the public this question of regularity, merely remarking that the laws of our land confer upon us and upon them the same dignities and honors with equal legitimacy and with equal regularity. Our charter guaranteeing us the enjoyment of similar rights and privileges, and assuring us of the same protection, we are their peers before the law.

If they were more intimately acquainted with our fundamental principles, they might be more capable of discussing the subject understandingly. As it is, they are compelled to admit the efficacy of the principle of the similars, but with a remarkable perversity persist in venting their spleen upon a subordinate feature of our system—the infinitesimal dose. They are in error when they volunteer the statement that the infinitesimal dose is "rejected by a major part of the Homœopathists themselves." The professed Homœopathist who rejects the infinitesimal dose is a parasite who needs the pruning-knife.

As an illustration of the absurdity and inconsistency of modern Allopathy, we refer to their own literature, to the humiliating but candid admissions of a host of their most eminent men.

Broussais classifies medicine "with astrology, superstition, and all kinds of quackery."

Magendie, an illustrious French physician, says: "It is especially where medicines are most active that mortality is greatest."

Dr. Worthington Hooker, late Professor in Yale Medical School, in a prize essay, published in 1857, tells us that in the typhus fever, which prevailed some years ago in New England, in which *stimulants* were almost universally employed, the results were *exceedingly fatal*. "In fact," he boldly asserts, "*it was often a brandy and opium disease*."

While Dr. Oliver Wendell Holmes, in an address before the Massachusetts Medical Society, (May 30th, 1860,) comes to a directly opposite conclusion. "Throw out opium," he says, "throw out a few specifics, which our art did not discover, throw out wine and the vapors which produce the

miracle of anæsthesia, and I firmly believe that if the whole *Materia Medica*, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

"When doctors disagree who shall decide?"

The celebrated Professor Louis, of Paris, in an essay on fever published some forty years ago, protested that the then prevailing method of treatment by emetics was worse than useless.

The distinguished Grisolle, in his great work on Practice, affirms that "modern science owes scarcely nothing to preceding ages." (*Avant-propos Pathologie interne*, p. 5, 1852.)

Marchal de Calvi, the learned Professor and member of French Academy, &c., goes farther and makes the following admission: "There is nothing satisfactory in teaching *Materia Medica* according to the approved system." "All we know of any value about it we owe to the work of Homœopathists." "In the works of physicians of the lawful school, from Hippocrates downwards to our times, we find absolutely nothing." (Dr. Bellow's Report to Trustees of City Hospital, Boston, 1863.)

But to return to the status of medical science in the seventeenth and eighteenth centuries:

Francis Bacon<sup>1</sup> pulled down the tottering fabric of Aristotle and Galen.

Des Cartes,<sup>2</sup> the founder of modern speculative philosophy, revived the forgotten teachings of Plato and led the advance movement.

This revolution took place first in philosophy and then in medicine; and at this period we are again confronted by antagonistic schools in each department. We find the deductive philosophy or that of the ideal school, advocated in medicine by George Ernest Stahl,<sup>3</sup> Samuel Hahhemann,<sup>4</sup> and others; and the inductive philosophy, or that of the sensual

<sup>1</sup> Bacon did not discard the great idea that God is the source of all power in heaven and on earth, but he originated the *inductive* method of reasoning—a method which occupies itself almost solely with material interests and thus encourages sensualism. He was followed by Locke, professedly a spiritualist, yet, whose method of reasoning went far toward confirming the sophistries of materialism. Born 1561, died 1626.

<sup>2</sup> Born 1646.

<sup>3</sup> Born 1660, died 1734.

<sup>4</sup> Born 1755, died 1843.

school, maintained in medicine by Sydenham<sup>6</sup>, Boerhaave,<sup>6</sup> Hoffman,<sup>7</sup> Cullen, Brown,<sup>8</sup> and Broussais.<sup>9</sup>

It would be tedious to go into a definition of the peculiar partisan ideas of the different factions at this time. They are divided into humoralists, solidists, chemists, animists, eclectics, Galenists, Cullenists, Brunnonians, &c., each struggling for supremacy.

One party claimed that all diseases originated in the fluids of the body, in an excess of this or that acrid element in the blood; another, that diseases arose from alterations of the solids, or mechanical obstructions and derangements of the human machine; another, that all maladies originated either from spasm or relaxation of the fibres and vessels of the body.

John Brown, the author of the Brunnonian theory, arranged diseases in two classes: those arising from excess of strength, and those arising from debility; or sthenic and asthenic diseases. Remedies he also arranged, by some marvellous process of reasoning, in two corresponding classes, as stimulating or debilitating. Brown was able to see fevers arise from a state which he termed *indirect debility*, thus demanding stimulating treatment.

Broussais, on the contrary, regarded fevers from a totally opposite point of view, and advocated the most active depletion, in order to reduce that excess of strength, which, in his sage opinion, was the essential cause of disease.

Sauvages, in 1731, calculated an almost innumerable number of species of disease. He made 10 classes, 44 orders, 315 genera, and 2,400 species. Vogel reduced the number; Cullen abbreviated the catalogue still further. Pinel followed in the same direction; Brown at last reduced them to two; but Broussais, by one *grand coup d'état*, gathered them all under one monstrous head, which he savagely attempted to destroy with his inevitable lancet.

Some author has aptly remarked that "Napoleon attempted

<sup>6</sup> Last half of the seventeenth century.

<sup>6</sup> Boerhaave was avowedly an eclectic. He advocated many ideas in common with Hippocrates and Stahl, but, on the whole, failed to adopt any thorough and stable system. Born 1668, died 1737.

Hoffman was the real founder of the modern doctrine of solidism; he directed attention to the influence of the nervous system on the organism—in reality, the dominant views of the Allopathic school to-day.

<sup>7</sup> Born 1660, died 1742.

<sup>8</sup> Born 1785, died 1796.

<sup>9</sup> Born 1838.

to overcome Russia with one million of men, while Broussais volunteered to master the Walcheren fever, backed by half a million of leeches." Both were terrible failures, and the people in each instance had a realizing sense of a dire calamity.

Affairs proceeded from bad to worse, until the illustrious Boerhaave exclaimed in despair, that he deemed "that physician fortunate who did not inflict positive injury."

Hufeland wrote: "Every physician who loses a patient is accused by his colleagues with having killed him." He also confessed that "we may treat a disease very well and the patient very badly;" that is, in destroying the disease, the patient dies also.

De Balzac relates the story of a professor of Milan, who sarcastically remarked that he had often killed his patient by the fairest method in the world, but added, "it was some consolation to know he died *secundem artem*."

Robert Boyle, a distinguished *virtuoso* and cotemporary of Sydenham, and to whom the latter dedicated one of his greatest works, in commenting upon the tendencies of his time and the uncertainty of physic, says: "I had much rather the physician of a friend of mine should keep his patient from dying, than tell me punctually when he shall die, or show me, in the opened carcase, why it may be supposed he lived no longer."\*

This notorious uncertainty of medicine gave rise to the old and popular French proverb, "It is safer to be condemned by the doctor than by the judge."

In no spirit of levity, but for the sole purpose of exhibiting some of the antecedents of this venerable and much lauded system of Allopathy, we quote a few prescriptions from standard works of the self-styled "regular" school, extending back from 100 to 200 years.

In Boyle's Therapeutics, published in London barely 200 years ago, we find detailed the method by which "*from man's blood* may be skilfully prepared and obtained a spirit and volatile salt which will be found useful in consumptions and asthmas." (P. 144.)

We also there find recorded the following interesting incident in the history of the great Dr. Harvey, (the discoverer of the circulation of the blood,) "who, rigid a naturalist as

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\* Boyle's Therap., p. 109, London, 1664.

he is," we are told, "scrupled not often to try the experiment mentioned by Von Helmont, of curing some tumors or excrescences by holding on them for a pretty while (that the cold might thoroughly penetrate) the hand of a man dead of a lingering disease."\*

This procedure Boyle goes on to defend, on strictly Hippocratic grounds, for he argues: "If such means have been found curative once, why not in similar conditions again?" This is precisely the argument of the Allopathic school to-day.

He also mentions a certain malady as having been cured "by wearing a little bag hung about the neck, containing the powder made of a live toad, burnt in a new pot."

But this distinguished author reaches the climax of orthodox or "*regular*" absurdity in his famous prescription for the cure of felons, which he takes from Riverius. He gravely recommends the insertion of the diseased finger into a live cat's ear, and tells us the "morbifick matter" is thus attracted from the patient to the cat. He also informs us that, while the treatment is going on, "the cat will loudly complain, so that two men will hardly be able to hold *him* to it, [evidently a male cat,] so great are his struggles and sufferings."†

To illustrate the gross and material views of physicians in Boyle's time, we quote the following from a graphic description of "the human form divine:"

"The human body is an engine, and medicines operate in it, as finding it so; there being many strainers, of different textures, such as the liver, spleen, kidneys, &c.; and perhaps divers ferments residing in particular parts, and a mass of blood continually streaming through all parts of the body, so that medicines may be quickly, by the blood, carried from any one part of the body to any other, and thus the remedy being admitted into the mass of the blood, may, in its passage through the strainers, carry away with it such tenacious matters as stuff'd or choak'd up the slender passages."‡

On page 266, this distinguished author enters into a full and sweeping protest against "the accumulated wisdom of 2,000 years," and says: "'Tis not that I am either an enemy to method in physic or an undervaluer of it, but I fear the generality of physicians have as yet but an imperfect method."

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\* Boyle's Therap., p. 230.

† Idem, p. 236.

‡ Idem, p. 279.

"I know not whether they have not done harm and actually hindered the advance of physic."\*

A few years later we find Sydenham (one of the representative men of his time, and who acquired the title of "the English Hippocrates," probably drawing upon the same "accumulated wisdom of 2,000 years") administering for jaundice,—which, he informs us, "is caused by the diminution, loss, or decay of the animal salt in man's body,"—the following delectable and highly scientific (!) compound: "Volatile salts of earth-worms, hog's lice, serpents and toads, or skins of hens' gizzards, and of their feet, of each in powder one drachm; volatile salts of urine, of earth-worms, and of millepedes, of each a scruple; saffron in powder 15 grains; mix them for four doses, to be given in extract of juniper berries, every morning, fasting; or the ashes of sparrows' feathers, brain of partridges, lice, hogs' lice, galls of hogs, and powders of vipers' flesh, as approved by Helmont."†

In 1703, the eminent and learned Sydenham prescribes in palsy "mercurial purgatives, powder of vipers' flesh and vipers' bones; volatile salts of earth-worms, man's hair, and of dried human flesh," which, he sagely observes, "is inferior to no other medicament."‡

In a standard work on surgery, written in 1714, by Le Clerc, physician and surgeon to the French King, we find the following prescription for cancer: "A decoction of vipers, crabs' eyes, adders and toads, may serve to bathe them, and some of it may be taken inwardly."§

We give a few ideas and quotations from the English doctor, J. Brown, M. D., LL. D.,|| an inveterate materialist, and who still clung to the exploded Galenic dogma, that diseases were cured by contraries, and then willingly dismiss this branch of our subject, and with it the therapeutic wisdom of the self-styled *regular* school of the eighteenth century.

Brown says, in referring to the already-growing ideas of the dynamic school, "some have founded their principles upon an entity, which does not only produce natural actions, but acts beyond nature, and also frees the body from morbid causes; but we assign the cause of action to be quite different here, and that it is performed without concurrence of an

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\* *Idem*, p. 267.

† *Praxis Medica*, Sydenham, London, 1679, pp. 451-2-4-6.

‡ *Processus Integri*, Sydenham, p. 177.

§ E. E. Marcy, *Hom. and All.* p. 121.

|| *Institutions in Physick*, London, 1714.

immaterial and ideal entity, but only by corporeal motion and impulse."\*

"The soul does neither directly nor proximately move the fluids of the body, for which reason it can never be admitted as fundamental. A fundamental principle ought to be natural, and, therefore, mechanical, arising from matter and motion."

Brown tells us that health consists of regular motions in the solids and fluids of the body, "which, being altered by external and mechanical causes, make irregular or diseased motions." Ibid, p. 15.

Also, that "the faculty of exercising these motions is called function, which is agreeable to the *laws of mechanics*, by which it *only* can be explained."

He tells us "there are three sorts of parts in animal bodies, viz.: The movers, the moved, and the ways or vessels, by which there is motion of the fluids."

The heart he styles "the prince of muscles, the first impeller, and consequently the fountain of life."

Medicines he calls "cardiacks," because the heart is the cause of all those motions which bring relief to disease.

Diseases of the fluids arise from the presence of acrimonious humors; of these there are four varieties, viz.: "Acid, alkaline, muriatic, and bilious."

He informs us that "the remedies hitherto observed to be most useful are water, fire, quicksilver, and opium." Ibid, p. 230.

"The human body," he declares, "is composed of solids and fluids—*agreeable to laws of mechanics*—for there we find supporters, pillars, clothing or covering, partitions, rollers, wedges, levers, pullies, cords, presses, bellows, sieves, strainers, canals, and receptacles."

This mechanical view of the human apparatus is very fairly pictured in the following lines:

"Man's body's like a house; his greater bones  
Are the main timbers, and the lesser ones  
Are smaller splints; his ribs are laths daubed o'er,  
Plastered with flesh and blood, his mouth's the door,  
His throat's the narrow entry, and his heart  
Is the great chamber full of curious art.

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His stomach is the kitchen, where the meat  
Is oft but half sod for want of heat.

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\* Ibid, p. 15.

His lungs are like bellows, that respire  
 In every office, quickening every fire;  
 His nose the chimney is whereby is vented  
 Such fumes as with the bellows are augmented.

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And as the timber is, or great, or small,  
 Or strong, or weak, the house is apt to stand or fall."\*

In contrast with this gross and vulgar conception, how exalted appears the sublime apostrophe of Hamlet:

"What a piece of work is man! How noble in reason!  
 How infinite in faculties! In form and moving how express  
 and admirable! In action how like an angel! In apprehension how like a God!"

During the prevalence of these coarse and grovelling ideas, crude notions of the existence of an all-pervading vital principle began to penetrate the minds of men, and the doctrine of animism arose, adding new complications to the almost innumerable variety of systems already existing. So that, at the beginning of the eighteenth century, instead of finding in the "accumulated wisdom of two thousand years" a solid and enduring structure, we behold a gigantic ruin, rocking and tottering from foundation-stone to turret-tower; her architects blinded by prejudice, inflated with egotism, bickering with each other, crying "hands off" to the public, yet claiming, at the same time, vast knowledge, profound resources, and a glorious antiquity!

The world will never forget those sublime words of Napoleon in Egypt: "*Soldiers! from the tops of yonder pyramids, forty centuries look down upon you!*" Words which fired those brave men with an irresistible enthusiasm. But, in contemplating the venerable ruin of the "regular" school, we are moved by no similar inspiration. On the contrary, we are warned to escape from the huge and crumbling pile before it tumbles and overwhelms us in the debris.

Yet, above all this confusion, shadow and gloom, long obscured by the grovelling smoke of sensual combat, rises a tower whose lofty summit, reared above the clouds, is bathed in the serene atmosphere of a higher and purer philosophy—the philosophy of Plato, luminous with the regenerating influence of the Christian era.

Amid the chaos of conflicting opinions in the seventeenth century, George Ernest Stahl,† of the University of Halle,

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\* "Death's Doings."

† Born 1660, died 1734.

was among the first medical celebrities to resuscitate the forgotten teachings of the ancients respecting the essential nature of the human soul.

He recognized the soul as the primitive agent in all the phenomena of life, and claimed that all motion was "an immaterial act, which could only have for its principle an immaterial substance itself."\*

Stahl maintained that motion required the aid of spiritual power, and he taught that disease and pathological states resulted from the reaction of the soul against the assaults of external morbid agents.

This idea lies at the root of all psychological science.

That man thinks, is evidence of the existence of a thinking principle. This thinking principle is independent, internal, immaterial. It is the mover—the spiritual man.†

Matter is something that is thought of outside; it is something put on; it is dependent, external, material; it is what is moved—the physical body.

Man, therefore, in this world, occupies a relation corresponding to cause and effect. *He is a spiritual being, clothed in garments of flesh.*

The science which treats of man in this state, that is, with an inseparable combination of soul and body, is the science of psychology.

A study of these relations, and of the analogous relations existing in the macrocosm or universe, constitutes *philosophy* in its broadest scope. Medical psychology teaches that health is the normal state of harmony between the spiritual and material elements in man, and that disease results from a disturbance or interruption of this harmony.

These ideas lie at the base of the reform school of medicine.

The subsequent conclusions of Hahnemann were emphatically and unequivocally anticipated by Stahl in the following language: "The received method in medicine, which was never practically abandoned, of treating diseases by opposite remedies, that is to say, by medicines which are opposed to the effects they produce, (*contraria contrariis*), is completely false and absurd.

"I am convinced," Stahl continues, "on the contrary,

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\* *Doctrinæ Medicæ Theoricæ*, Part I.

† It is assumed by modern authors that while the material form is animated by the spiritual body, the latter is inspired by the soul.

that diseases are subdued by agents which produce a similar affection, (*similia similibus*.)" Hahn. Organon, p. 76.

After Stahl, Barthez maintained the absolute and indispensable primary importance of spiritual causes; but failing to recognize the law of the similars, he vainly attempted to establish a curative method of his own in order to reconcile the dominant practice with his ideas.

This brings us down to the time of Hahnemann, to whose transcendent genius is due the honor and renown, *not* of a discovery of the law of similars, but of comprehending and defining the collateral features upon which the successful application of this law depends, and of thus bestowing upon the world the inestimable boon of a logical, consistent, and efficient method of cure; the first system in the annals of medicine established upon a complete, scientific, and philosophic basis.

In this connection I will read a few lines taken from the *Philadelphia Press* of to-day. A correspondent in India, in speaking of a lecture delivered by a native physician in the Homœopathic hospital at Benares, says: "The lecturer taught that Homœopathy is nothing new; that in the Hindoo writings the principle *as now laid down* is extant, and *has been so from time immemorial*; that *among the Arabs also* the principle is admitted, and that Hahnemann only brought the system to maturity *by a uniform observance of the rules*."

As Pythagoras, Plato and Aristotle were representative men in philosophy, so were Hippocrates, Galen and Hahnemann in medicine. Until he announced his belief in the law of similars, Hahnemann stood high among his cotemporaries of the dominant school. Eminent as a physician and chemist, distinguished as a scholar and linguist, profoundly versed in ancient and modern tongues, his writings were treasured among the standard works of Allopathic literature. But alienated from the practical department of his profession by the notorious uncertainty of medicine, he undertook a broad survey of medical literature while engaged in the translation of ancient and modern writings.

In this labor he became familiar with the ideas of the early philosophers; he also saw frequently corroborated that fragmentary observation of Hippocrates, that "diseases are sometimes cured by similars;" but not until 1790—while translating the *Materia Medica* of Cullen—did the conviction flash upon his mind of the existence, in the Divine economy, of an universal law of cure. And thenceforth, with unflinching purpose, he devoted all the energies of his

master mind to the one grand object of developing, systematizing, and perfecting the new method of healing the sick. As the falling apple, through Newton, gave to philosophy the law of gravitation, so the study of the effects of Peruvian bark, through Hahnemann, gave the law of similars to medicine, and Homœopathy to the world.

Pervading the writings of physicians he found an astonishing amount of testimony, extending from Hippocrates to Cullen, corroborating this law of similars. Upon experiment, he found that the law of similars was but a rudimentary principle of the new method of cure, which, taken alone, was incomplete and inadequate; this led to further investigation, and the discovery of those indispensable auxiliary features upon which its usefulness mainly depends, viz., drug provings, the single remedy, and potentiation.

An intimate acquaintance with these collateral features is as indispensable to the successful practitioner, as is a thorough understanding of the various mechanical appliances which control and regulate steam power to the competent engineer.

In attempting the study of drugs, when administered in the ordinary manner, he found their effects so complicated and confused, by the influence of existing diseases, as to be comparatively unintelligible; and he set about ascertaining the pure effects of drugs, by testing them upon himself and other persons in health.

This was a brave and novel experiment—one upon which almost our entire knowledge of drug action, in the Homœopathic *Materia Medica*, is founded—a self-sacrificing and philanthropic inquest, which on several occasions nearly cost him his life; a trial so arduous, difficult and protracted that it could have been undertaken and persevered in from no other motive than that of the highest devotion to truth and humanity; a venture so laudable and magnanimous, as to challenge the admiration of all right-minded and unprejudiced men, and put to eternal shame the selfish, illiberal and ungenerous cavils of our opponents, who, we fear, have too tender a regard for their own personal comfort to indulge in what they are pleased to term such “fanatical vagaries.”

During our course in the lecture-room this winter, we have attempted to explain to you the *modus operandi* of Homœopathic therapeutics; we have endeavored to impress upon you the idea that our whole system reposes upon the eternal basis of spiritual philosophy; that Homœopathy is the legitimate fruit of the *dynamic* school, and that it is as untenable

upon a mere material ground-work, as is the doctrine of the immortal soul from the same gross and sensual stand-point.

The distinction between the spiritual and material schools of philosophy, forms the absolute line of demarkation which separates the Homœopathic from the Allopathic school of medicine. All the subordinate features of Homœopathy group themselves around this central or fundamental doctrine, as the branches, twigs and leaves around the parent trunk of some mighty tree.

That Hahnemann adopted this philosophy is evident to every close student of his later writings. He thus defines health :

"In the healthy condition of man, the immaterial, vital principle which animates the material body exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling, rational spirit may freely employ these living, healthy organs for the superior purposes of our existence."

"The material organism, deprived of its vital principle, is incapable of sensation, action, or self-preservation, (it is then dead :) it is the immaterial, vital principle only, animating the former in its healthy and morbid condition, that imparts to it all sensation and enables it to perform its functions."

In regard to the origin of disease he tells us "it is solely the morbidly-affected vital principle which brings forth diseases."

Also, "*only* the vital principle thus disturbed can give to the organism its abnormal sensations and incline it to the irregular actions which we call disease."\*

"Diseases are not mechanical or chemical changes of the material substances of the body—they do not depend upon a morbid, material principle—they are solely *spiritual* and dynamic changes of the animal economy."†

With this understanding of the nature of disease, we readily perceive the fallacy of regarding structural disorganization or ultimate pathological states, as the disease itself. These morbid changes of condition are the *results*, not the *causes* of disease.

The vital principle is continually striving to preserve the sanitary integrity of the organism, but when assaulted by injurious influences it may be overpowered; the nutritive and reparative functions impaired, the process of physiologi-

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\* Organon, § 9, 10, 11, 12.

† Organon, § 81.

cal self-preservation interrupted,—thus permitting the condition, so vulgarly and repulsively described by Sydenham, Boyle, Brown, and other lights of the material school, of an accumulation of “garbage along the highways and byways of the physical man.”

Thus we can comprehend why structural disorganization is always preceded by pain or sensational disturbance.

Pain is the only intelligible language by which the vital force or spiritual man is able to utter its remonstrances and to announce the approach of peril and disease. Sensational disturbance is a prior phenomenon. It is for this reason that subjective symptoms correctly interpreted are of more value to the therapist than functional derangement or subsequent pathological states. Objective symptoms are secondarily, not primarily important; while the ultimate pathological changes are of still less practical value. Therefore, the old method of treating the sick by attacking morbid results only, is an uncertain flank movement, “more honored in the breach than in the observance.”

The rational treatment of disease must depend not only upon correct ideas of the essential nature of man, but also upon a correct idea of the real nature of drugs and of the mode of their application.

In each of the three kingdoms of nature,—the animal, the vegetable, and the mineral,—there resides its own quality or degree of formative force. These may be divided, for convenience' sake, into the spiritual, vital, and chemical forces, the higher being superior to and including all the properties of the lower and the lowest.

In the lowest kingdom we find material elements, solitary or combined in certain definite and fixed proportions constituting the bodies of that kingdom. These bodies or substances are appropriated by or serve the kingdom above; while both inferior kingdoms contribute to the growth and maintenance of the highest kingdom.

The existence of material elements without dynamic laws to govern them is an incomprehensible paradox. The signification of law implies a law-maker, therefore we ascribe all supersensual laws to the one Omnipotent source.

In conclusion, we regard all material substances as but the ultimate embodiments of certain immaterial or causative principles,—which we denominate dynamic forces; and it is by virtue of these original dynamic forces alone, that we find totally different substances growing out of the combination of pre-

cisely the same chemical equivalents, as in the instances of gum, starch, and woody fibre, &c. There is but little difference between the chemical elements contained in a cup of coffee and a beefsteak. Calomel, the mildest form of mercury, becomes corrosive sublimate, one of the deadliest poisons known, simply by the addition of one comparatively harmless equivalent of chlorine. The action of these immaterial forces upon surrounding matter may be likened to the action of the galvanic current—also an imponderable agent—upon a solution of the chloride of gold, the metallic portion of which is selected and organized in crystals around one of the poles of the battery.

The various processes of development in each of the three kingdoms of nature may proceed in a somewhat analogous manner.

Drugs derive their specific properties from this causative principle alone, of which they are merely the ultimate and material embodiments.

Time will not permit us, upon this occasion, to follow out this hypothesis to its ultimate deduction, which teaches that these forces are *qualitative* not *quantitative* in their operations. Matter itself can never be annihilated, but it has been demonstrated by actual experiment that the dynamic properties of bodies can be transmitted to other bodies and their potential effects increased by that process. In no other manner can we satisfactorily account for the efficacy of the so-called high potencies.

It has been ascertained by the experiments of Professor Buchanan and others,\*—where drug provings were obtained by holding in the hands of certain sensitive and susceptible persons medicines hermetically sealed in glass tubes, and concealed in envelopes, so that those experimented upon were ignorant of the nature of the substances employed,—that drugs are capable of producing their specific influences, even without absolute contact between the material substances of which they are composed and the object affected.

The experiments of Baron Von Reisenbach also open an interesting chapter in dynamics.† By actual demonstration, he was able to show the possibility of transferring these specific dynamic influences to other substances by contact, processes somewhat similar to the method employed in

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\* See *Journal of Man*, Cincinnati, Ohio, 1848-9.

† Reichenbach's *Dynamics of Magnetism*.

attenuating Homœopathic medicines—a process also somewhat similar to the familiar experiment of transmitting the magnetic force to soft iron. These experiments only corroborate the experience of thousands of able and conscientious practitioners of Homœopathy, who vouch in unmistakable terms for the efficacy of highly potentized drugs in healing the sick.

With these ideas firmly implanted in our minds, we recognize a substantial and philosophic basis for our system of cure; we find a rational and satisfactory explanation of the doctrine of potentiation, which we believe to be inseparably connected with advanced and intelligent Homœopathy.

The question of dose is with us, as yet, an unsettled one. You have received but one emphatic injunction, which you are cautioned to exercise wisely and prudently: *seek the minimum dose*. This course, we believe, will inevitably lead the careful practitioner to a recognition of the doctrine of potentiation. With this admonition constantly heeded, and joined with the closest individualization of both the morbid phenomena of the patient and the pathogenesis of drugs, we confidently expect to see you *rise higher and higher in the scale of potencies as you faithfully apply the single remedy in strict accordance with the law of similars*.

If diseases are material in their nature, if they arise solely from mechanical obstructions in the human machine, then, according to the law of the similars, it will be found necessary to combat, neutralize, and remove them by material doses; if, on the contrary, as our philosophy distinctly teaches, they are dynamic derangements of the immaterial vital principle, they will require potentized or dynamized remedies. The materialist, if logical and consistent, must necessarily oppose the doctrine of potentiation. When he, as a professed Homœopathist, claims to cure by virtue of the material substance alone, contained in a dose of even the third centesimal attenuation, consisting of one part of the drug to 1,000,000 parts of the vehicle, he manifests a degree of credulity which puts to shame our juvenile faith in the prowess of Jack the Giant-Killer; and, if this is the case with the 30th attenuation, what shall we say of the higher and highest potencies?

Is it not a *reductio ad absurdum*?

Permit me, in conclusion, to address a few words more particularly to the gentlemen of the graduating class:

We are assembled together for the last time; our relations of teacher and student are about to close. You have successfully passed the ordeal of an examination in theoretical

medicine, and are about to receive the credentials which will henceforth entitle you to the honors and privileges, as well as impose upon you the duties and responsibilities of a noble profession. You are upon the threshold of a new career; the future alone will show how worthy you are of the high mission you have assumed. The diploma you receive from our hands to-day is our guarantee to the public that you are competent to make the start; that your feet are planted on the bed-rock of pure doctrines; but the race is for you to run, and we assure you the goal of success can only be reached by persevering industry, incessant application, and unwavering fidelity to principle. You are especially favored in being citizens of this great, vigorous, and free Republic, where ideas are not restrained and hampered by the conventional rules and hereditary prejudices so burdensome and onerous in older countries; there lies before you a boundless field with fertile soil, ready to yield an abundant harvest to good seed.

Let your one grand object in life, therefore, be to enlarge, advance, and elevate the honor and usefulness of the cause you have espoused. Above all things, be consistent and honest, and thus maintain your own self-respect, secure the confidence and esteem of the community in which you live, and command the admiration of even your professional opponents.

You will meet with temptation, discouragement and strife, but steadfast courage, ability, and inflexible integrity will secure your final triumph. Reject all ideas of compromise. Engrave, in ineffaceable characters upon your memories, the cardinal fact that principles never survive a *compromise*. While individuals may be swerved by unworthy motives, truth itself is mighty and will prevail. The fallacy of compromise is thus forcibly illustrated by Dean Swift:

Two persons differ in regard to a proposition; one maintains that  $2+2=4$ , the other insists that  $2+2=8$ ; but they finally compromise by agreeing that  $2+2=6$ .

Medicine is and will ever remain an intolerant profession. This arises from the limited capacity of the human mind—its inability to grasp the perfect truth. Plato tells us that “the realization of absolute truth belongs to God alone.”

Infinite wisdom is beyond our comprehension; it harmonizes the universe. Our knowledge of truth is limited, our methods defective. What one man honestly believes to be true another with equal sincerity may reject as false; and,

as truth cannot be adulterated with falsity and live, the advocate of either conflicting opinion becomes intolerant towards the other; each partisan attracts friends, and thus various sects and different systems arise.

Thus, it may be seen intolerance necessarily springs from the fallibility of human judgment, and the degree of its intensity often but indicates the measure of our loyalty and devotion to truth.

Of necessity man must remain intolerant so long as he falls short of Infinite wisdom. Science is intolerant because its exalted standard cannot be lowered in deference to false notions. Theology is intolerant because systems clash. Medicine is intolerant because every earnest and faithful physician sacredly believes in the soundness and truthfulness of the doctrines which he advocates, and which inspire his practice, no matter how widely these convictions may diverge, from the cherished views of others.

This view of intolerance, while it tends to lessen our veneration for human theories, elevates the dignity of man; and these considerations, blended with the golden rule of Christian life, should go far towards softening the animosities of professional strife.

With the assurance that your ultimate reward will equal your actual usefulness and real merit, in the words of Longfellow we bid you, one and all, a cordial farewell:

“ Art is long and time is fleeting,  
And our hearts, tho’ stout and brave,  
Still, like muffled drums, are beating  
Funeral marches to the grave.

“ In the world’s broad field of battle,  
In the bivouac of life,  
Be not like dumb-driven cattle,  
Be a hero in the strife.

“ Trust no future howe’er pleasant!  
Let the dead bury the dead!  
Act, act in the living present!  
Heart within and God o’erhead!”

## SOME THOUGHTS ON EXPEDIENTS.

Read before the Central Homœopathic Medical Association of Maine.

BY JAMES B. BELL, M. D.

It is a very human tendency to palliate and temporize rather than to work and wait. It is so much easier to get a little present repose and comfort than to care for the present and the future too. Our favored school of medicine is, unfortunately, not free from this human element. It will be our unpleasant duty at the present time to offer you a few thoughts on four points concerning it: On the prevalence of it, its nature, its results, its remedy.

It seems fair to presume, from what information we have, that two-thirds of all physicians bearing the name Homœopathic have each some pet appliances for particular cases, to which they resort more or less frequently, and that these appliances are not at all Homœopathic, but always empirical and generally antipathic. It may be hardly necessary to state that the use of water, hot or cold, is not included in either category, if rightly, *i. e.*, Homœopathically applied, or if applied as a placebo, or to prevent worse things from being used, as is sometimes necessary.

What we refer to is the use of those things that no physician likes to confess to in a consultation, or cares to promulgate in a scientific meeting like this, or impart to another physician unless he is very sure it will be well received and applied at the first opportunity.

But few instances can be specified because of this very modesty in making these great discoveries known, but the picture will probably be recognized by even a few touches.

The most fatal and reprehensible is the resort to morphine, and this the most frequent of all. It looks so "Homœopathic" to put a little white powder in eight teaspoonfuls of water and give a teaspoonful at a dose, or a little white powder dry on the tongue now and then. The slightly bitter taste will not be suspected, by ordinary patients, as any thing out of the way. All sorts of pains call for it and get it, too, if not hardly yielding to some hastily-selected remedy or remedies.

I have sometimes had my respect for some good Allopathic physician much increased when following him in the treat-

ment of some painful case in which opium had not been given, but to which many Homœopathic physicians would have given it very soon. Some Allopathists seem to know better than some of our school the paralyzing and fatal effects of this drug, and withhold it in cases of colic, toothache, neuralgia, dysmenorrhœa, and some others, when only too many Homœopathists make it a frequent resort.

Of less prevalence, it is to be hoped, is the resort to old Allopathic prescriptions and combinations for rheumatism, dysentery, dropsy, pneumonia, coughs, &c.

More frequent is the use of antipathic doses of apocynum for dropsy, iron for chlorosis, quinine for intermittent or anæmia, bromide of ammonia for whooping-cough, purgatives for constipation, and washes, lotions, plasters, cataplasms, ointments, enemas, and injections for various things, from an abscess of the breast or an obstinate leucorrhœa to a pimple on the face or a slightly inflamed eye. If the list needs extending it can be too easily done by reference to the pages of some of our journals.

And now, *whence this tendency and practice?* A careful consideration of the case compels the conclusion that the source is chiefly often purely selfish. Time is to be saved, labor and the confidence of the patient kept, honor gained, and money made, all by a little expedient which no one may perceive, or if perceived recognize its source and tendency. The high-sounding phrase: "The first duty of the physician is to cure his patient," is twisted to cover up all this and quiet the professional conscience. And we may even flatter ourselves that we are bold, original men, who cannot be bound by dogmas. But of these five terms,—time, labor, confidence, honor, money—the greatest, alas! is the labor-saving motion. It is so much easier to be ignorant of the formidable *Materia Medica* than to study it, and it is so much easier to prescribe for a disease than for the exact symptoms of the patient, that the result is, that when a difficult case comes, the repertory is looked over, and a remedy guessed at, and tried, and then another one or two guessed at and tried, and, then comes the great panacea.

O! happy are the Allopaths! They have no need to make a weary pilgrimage through the repertory but can resort to the panacea at once.

*The results* are what might be expected; science is hindered, the progress of Homœopathy retarded, and the individual physician dwarfed and disappointed. We can dwell for a moment on the last two only:

A physician cannot long resort to expedients without its becoming more or less generally known to his patients, and many of whom will logically reason therefrom: "Homœopathy is good for simple cases, but for dangerous and painful ones is not sufficient since Homœopathic physicians do not trust to it."

The fatal results of this logical reasoning are too obvious and unpleasant to enlarge upon. It puts the most dangerous of all weapons in the hands of our opponents—a lie with truth for a handle. Though the sharp blade is generally felt first by those who furnished the handle, the wounds are, unfortunately, not confined to them. Homœopathy suffers too.

The individual physician who gives himself readily and often to expedients consents to know no more at fifty than at twenty-five—a mental dwarf, a dwarfishness which does not seem to be so much an object of wonder to the people as that of the body. It will hardly attract such crowds as the diminutive proportions of a "Commodore ~~Farr~~ *Far*." Perhaps it is not so rare.

He will be disappointed. The delightful satisfaction given by the well-earned success of a brilliant cure, with a carefully selected remedy, will be rarely his. And then, the trusted panaceas will often fail him in producing even the palliation looked for, and he has only failure to console him for the abandoning of principle and law. To this consolation may often be added the chagrin of seeing the patient transferred to some one who better understands the use of Allopathic remedies. If Allopathy is to be used, patients naturally prefer it at first hands and honestly applied.

*The remedy* lies in strict adherence to principle, and this remark is not made without a full, practical knowledge of the difficulties with which we have to contend. An incomplete and imperfect *Materia Medica*, an imperfect knowledge of the same painful cases requiring immediate relief, cases with but few and those general symptoms rendering selection difficult, cases with too many and changeable symptoms, and last, but not least, the impatience of the patient and friends, all seem a formidable barrier to success.

But does Allopathy possess any remedy for these difficulties? If so, why not resort entirely and at once to that which promises so much? Let us see why. Our *Materia Medica* is far more extensive than theirs. It is a *Materia*

Medica founded on law. *A careful study of it will enable us to give satisfactory relief to every curable case.* No case thus faithfully treated will pass from our hands to find any thing but continued suffering or speedy death.

This is, of course, an individual assertion, founded on individual experience, and will only pass for what the latter is worth, but will be subscribed to, we think, by many.

How can it be otherwise if the law of similars is true? No other physician can apply remedies which we do not possess, and no palliation or narcotic treatment which others may apply will effect any cure.

It is, of course, understood that none of the objections to palliatives apply to cases properly adjudged hopeless of any relief. In these cases the conscientious physician has only to announce the fact and withdraw from the case, unless desired to remain and direct the use of such palliatives as extreme suffering may require. But from this moment he should administer no more Homœopathic remedies. Thus the dignity of Homœopathy and the self-respect of the physicians are maintained.

But how meet the impatience of the patient and friends? To answer this in full is to answer the question which it is the honorable ambition of all of us to daily solve, and to treat of personal and minute details, familiar to the meditations of all of us, in the endeavor to deserve the confidence of our patients.

But an outline of a few points may be of use to us:

There must be a calm reliance of the physician upon himself evident to the patient. There must be an evidently clear understanding of the case and its difficulties. There must be a not too flattering prognosis. There must be enough but not too much explanation to the patient and his friends of the nature, tendencies, and difficulties of the affection, and, if necessary, of the treatment and of the injurious effects of palliatives. If all these fail, resign the case, thus preserving honor and dignity. An incident may aid us in illustration.

An eminent man, who knew nothing practically of Homœopathy, but had some desire to test it, once called me to his little daughter just coming down with a severe attack of dysentery. The pain was marked and tenesmus severe, and the relief afforded by the appropriate remedy did not, of course, appear at once, while his impatience was excessive, though, of course, very kindly and frankly ex-

pressed. In the course of his very extensive readings he had come across the following syllogism, as given by some English physicians of note: "Pain kills, opium removes pain, therefore opium saves life," and, therefore, as a corollary, must be applied in every case of pain. The reasoning was so clear and logical that it was hard for him to see that the premises were false. He, however, believed that I saw their falsity and had full confidence in Homœopathy when I declined to administer opium and withdrew from the case after treating it but two days. The old family physician was called, and the little girl suffered and languished for several weeks and finally recovered. An equally severe case in a neighboring house was treated by me at the same time and recovered in five or six days. That the gentleman's confidence was retained, and that he is still desirous of testing the new school method, I have recent personal proofs.

Let us leave with you these outlines of thought on this weighty matter, with one remark:

The facts of Homœopathy are as plain and demonstrable as the mighty courses of the stars. The study of the latter may be more sublime, but is worthy of no more exactness, patience, and care than the former. If we must part with one, the astronomers, with all their calculations, tables, logarithms, &c., may be buried in oblivion, if we may only have left to us the labors of Hahnemann and his faithful successors.

But these are imperfect, incomplete, and it rests upon us, as men of science, in a calling higher than any other branch of physics or philosophy, to labor for their perfection.

If the thousands of Homœopathic physicians were constantly engaged in verifying or rejecting the published symptoms of our *Materia Medica*, and adding also others thereto, all by careful observation, instead of doing many things fatal to science, a great part of which is the resort to expedients, our knowledge of our present range of drugs would soon become nearly exact and absolute.

Good provings of new remedies will do the rest. When tempted, therefore, to temporize, let some little emotion of gratitude remind us where we would now be if our faithful predecessors had yielded to such temptations.

## THE PREPARATION OF HIGH POTENCIES.

BY ADOLPH LIPPE, M. D.

"DR. LIPPE—*Dear Sir* : I see that an 'eminent lawyer,' of Brooklyn, of course unbiassed by friends and uninfluenced by mercenary motives, (although the sole vendor and defender of Fincke's medicines,) actuated probably by pure philanthropy and by no desire to 'kick up a dust' and obscure the real question at issue, has seen fit, in the *American Journal of Homœopathic Materia Medica*, to take decided exception to a comparatively unimportant statement in my article entitled '*Fincke's High Potencies*.'

"He assumes to have found the 'distinguished colleague' referred to, and deliberately proceeds to invest Dr. C. Hering with the garment. Query: How did he know?

"Not having the materials at hand, even if I 'had known enough' of the Teutonic dialect to have used it, I must ask a great favor of you for myself and 'the cause.' Will you overhaul the original German periodicals in your possession and give us the *ungarbled* facts in the case? Also, at the same time your views of the soundness and propriety of employing nostrums generally, and particularly of submitting to the *ipse dixit* of nostrum vendors in the Homœopathic profession?

"By-the-by, what has become of our old friend B. Fincke, M. D.? Is he a myth, or simply a human machine by the sweat of whose brow an 'eminent lawyer' gets his bread? *Nous verrons*.

"Yours respectfully,

"A. R. MORGAN."

Pharmacopœia, as a collateral branch of medical science, comprises a knowledge of the formula used in the preparation of medicines. As Homœopaths we are expected to possess this knowledge and to make use of it in preparing our own medicines. The great difference of opinion in respect to the "dose" can never reach a satisfactory adjustment without a previous understanding of what is comprehended under the various potencies and how they are prepared. Nor is it to be expected that intelligent men will accept our former proposal for a solution of the question of

the dose, viz., to prove the high potencies, while we are unable to state how these potencies are prepared.

Whether we possess this knowledge is the question before us; and in the consideration of this question we propose to show that some of the high potencies are prepared in a manner known to the profession, and that others are not. After showing that the mode of preparing some high potencies is kept secret, it will only remain for us to deplore such persistent secrecy in scientific matters, and to express the hope that our contemporaries, in the periodical literature of Homœopathy, will freely and candidly publish their opinions on a subject with regard to which we cannot possibly differ (however much we may be at variance on other points), and propose some remedies suitable for the case.

It appears that Korsakoff, Starke, and Petters each prepared higher potencies, which, however, attracted comparatively little attention, and they freely communicated their processes of potentiation.

Jenichen came next, who thought he had discovered a new and better mode of potentiation. His preparations were fairly tested, and cases of cures made by them were published in the *Homœopathic Examiner*, Vol. I., (1867,) p. 417, the first endorsement, to my knowledge, which his preparations received on this side of the Atlantic. But who hears of Jenichen's preparations now-a-days? And why is this enthusiastic hero, this faithful progressionist and ardent admirer of the father of our school so entirely forgotten? Has the keeper of his secret done him justice? Has his friend, his brother, strewn flowers over his grave? Or has he been superseded, and if so, will the same method serve his successors any better? And who has sustained and still continues to sustain this ill-advised secrecy?

Dr. A. R. Morgan called Dr. Fincke's attention to a precedent, i. e., the fate of Jenichen's high potencies, who also kept his mode of preparing his potencies "a secret." And this allusion has brought out "a defence" over the name of F. G. Fincke, Esq., the business agent and

ostensible vendor of the preparations of B. Fincke, M. D. In this defence we are favored with parts of letters from Jenichen to his friend and brother, the custodian of "the secret." We reprint the ingenious defence below, which shows that Jenichen insisted on "secrecy;" and by other documentary evidence we will show that the able advocate is in error when he states that Dr. Rentsch divulged "the secret;"—that Dr. Rentsch was not in possession of "the secret," but knew who was; and that he (Rentsch) was opposed to secrecy. And we will further show that the custodian of the secret—the positive injunction of Jenichen, to the contrary, notwithstanding—did collect most diligently all the remarks of Jenichen touching his preparations; that he sent a copy of the paper containing them to one of the most respectable Homœopathic physicians, and left it to his conscience to give the secret to the world when the right time came. And we will show that the faithful custodian of the secret, in the same paper in which he acknowledges to have forwarded a copy of the diligently collected remarks, states that he cannot recollect how they were made, and that some time (at his own good time) he will collect the remarks and let the world have them as a contribution to the history of the Pharmacopœia. Our comments and the documentary evidence will be introduced in their appropriate places in connection with those portions of the "defence" to which they especially refer. The defence itself is published as an Appendix to Vol. I., No. 6, of the American Journal of Homœopathic Materia Medica.

### "DEFENCE OF DR. HERING."

"If necessary, we might quote the precedent of the enthusiastic

"Jenichen, \* \* \* who, it is said, confided carefully the guardianship of his secret method to a distinguished colleague, with the avowed purpose of making a revelation when the proper time came, but who, alas! has since kept his lips closely sealed, not even bestowing the poor reward from publishing a solitary cure by the said remedies. *A godfather forsaking his godchild.*" Dr. A. R. Morgan in the *Hahnemannian Monthly* for December, 1867.

"Is this true? The original correspondence between Jenichen and Hering has been submitted to me, and after a careful examination I am fully satisfied, and give it as my opinion, that the above allegations are at variance with truth and doing injustice to Dr. Hering." (*G. F. Fincke.*)

The documentary evidence will show the *allegation* to be more than true, and that the defence contains in itself additional evidence formerly not at our command.

"The fact is, Jenichen never confided the guardianship of his secret method to Dr. Hering with the avowed purpose of making a revelation when the proper time came, &c." (*G. F. Fincke.*)

In the *Allgem. Hom. Zeitung*, Vol. LXII., No. 21, page 163, may be found an article by Dr. Hering, ("*Jenichen and no End,*") in which he says: "Later he (Jenichen) wrote to me I should speak of it and publish every thing *when the right time came.*" Therefore either the defence is wrong or I am wrong in my quotation; if my quotation is right, the allegation of Dr. A. R. Morgan is fully sustained.

"On the contrary, he sealed his lips effectually and refused ever to give his consent to betraying the secret, when Dr. Hering suggested to give it up. Dr. Hering never had nor now has a right to divulge what was confided to him by Jenichen, his friend and brother. Here is the documentary evidence translated almost literally. Judge for yourselves:

"In his letter to Dr. Hering, dated June 26, 1845, Jenichen wrote: 'I shall yet get up above the number 800. \* \* \* In Europe nobody yet knows a word of the existence of these preparations, and nobody shall learn a word of it until first the most of those of my High Potencies, which I intend to raise to Highest Potencies, \* \* \* shall be raised to that; otherwise I should be untimely bombarded by useless letters from many sides, (only those from No. 373 to 383 I allowed to become known, *quasi*, as an indication of what I am willing to do.) Staph feared at once lest thereby material would be given for scoffing. Nay, if I would mind sheepheads, I would have been compelled to keep entirely still about the existence of my high potencies, but to YOU I send them, (also to your colleagues in America I have sent them, because I am safe from being bombarded,) UNDER THE EXPRES CONDITION: to tell nobody

any thing about them. If you cannot, or will not, enter upon this I trust that you will send back the little *étui* at once, without unsealing it.'” (*Fincke’s “Defence.”*)

This letter shows plainly that Jenichen imposed an express condition to keep the secret on the reception of the little *étui*, which we suppose contained his preparations. We do not learn whether the seal was broken, but suppose it was, and that the lips of the recipient were thereby sealed.

“Afterwards, in replying to Hering’s suggestion, that it might be best now to have the secret published, Jenichen, in his letter dated October 19, 1847, wrote as follows: ‘Give up the secret now? O no! that, by all means, we shall leave very nicely undone. You must blab nothing, nothing at all UNTIL I GIVE MY CONSENT TO IT. Your brother-in-law, as well as I, and Prietsch, and also some others, are entirely right.’ Prietsch writes me: ‘And although I said (in an article on High Potencies for the next number of the *Archiv*, which is said to be good as *Stapp* writes) that it is reprehensible and adverse to science to keep your mode of preparing medicines secret, (what would be gained for the science by the publication? A quack; for the secret is applicable to nothing else in the world but to the preparation of the high potencies only,) yet, I hold this secret-keeping very expedient; I even wished it continued, because the true, genuine Homœopathy is in this way undoubtedly promoted. Exactly of the same opinion is your brother-in-law, and I, and you above all surely.’” (*G. F. Fincke.*)

For the promotion of genuine Homœopathy a bare quorum (exactly four) express the opinion that this secret-keeping is very expedient. This happened in 1847. In 1867 we have a repetition of the same thing exactly; (there are but three in the new quorum.)

“‘Beside, *cui bono*, blab the secret? Since it is of use for nothing else but for the making of the high potencies? And who is there who would, after me, do my work of seven years as I did it. And to *what purpose*? The work is done. I SHALL NEVER GIVE MY CONSENT TO IT that you betray the secret which I confided to you only; nor will you yourself desire to do so, because only injury could grow out of it for the genuine Homœopathy.’ This consent was never given by Jenichen.” (*G. F. Fincke.*)

Grateful as we always are even for the smallest favors, we most especially thank "an eminent lawyer" for this morsel of news drawn from a voluminous correspondence which had been submitted to him. These facts had never before transpired, nor could they possibly have become known to the profession in any other manner, much less could their existence have been anticipated. And strange as this testimony is, we can scarcely comprehend its full bearing upon the case before us, in which the allegations of our colleague Dr. Morgan are denounced as being at variance with the truth in general, and as doing injustice to one person in particular.

But since this revelation has *never before been published*, since it is in direct opposition to later publications, and since the injustice complained of simply consists in a singular misconception of what is due to principles and to persons, we must beg leave to assure the learned advocate and the public that it is with a considerable degree of reluctance and pain that we find ourselves compelled to quote from the later writings of the secret-keeper, (the only evidence published, in fact,) and to expose not only his variance with the above-quoted letter, but also the positively contradictory positions assumed by him.

The "allegations" of Dr. Morgan, sustained as they are by the following documentary evidence—first published fourteen years later than the date of that recently submitted by the learned advocate—may, indeed, be at variance with the testimony so recently and for the first time given to the profession; but if this later documentary evidence of ours is shown to be the *only* evidence to which we had access, and if these "allegations" are in accordance with it, we would like to have pointed out to us the rules by which this earlier and now for the first time appearing evidence can be adduced to sustain the otherwise unwarranted assumption that "the above allegations are at variance with the truth and doing injustice." And if by incontrovertible evidence we *prove* that these allegations are in accordance with truth, the "injustice" ("unpleasantness?") which may result, must not be attributed to any other cause than to the facts as they finally appear.

"In the Allgem. Hom. Zeitung, Vol. LXII., page 161, May 20, 1861, Dr. Hering closes his paper entitled "*Jenichen and no End*" by saying, on page 163: 'But it is a

shameful slander on Jenichen to try and charge him with being a secret-monger. (Geheimniss-Krämer.) He never entertained such an idea. Jenichen became embittered over some not ill-intentioned remarks made by Gross in defence of his preparations. *I* understood this fully, as something similar had happened to me with Gross. Staph had at that time most kindly set *me* right, and now *I* tried to do so with Jenichen. He insisted on an honorable apology from Gross, and that till then nothing should be made known. Later he wrote *me* that *I* might speak of it and make it all known "WHEN THE RIGHT TIME CAME." Jenichen thought, when the high potencies were proved and acknowledged. As soon as the noise began *I* most diligently collected all the remarks of Jenichen touching his preparations and sent a *copy* (Abschrift) of it to one of the most respectable Homœopathic physicians, leaving it to his conscience to determine when the right time came. How can physicians to whose discretion so much has to be trusted, expect that one of them who received the communication conditionally should unhesitatingly throw it into the open market because it is demanded, and by whom? It must not be forgotten to consider who the persons were who first made this impetuous demand. \* \* \* *I* administer Jenichen's high potencies every day; *I* can surely not recollect how they were made; *I* will collect it some time as a contribution to the history of the Pharmacopœia; till then no harm befalls anybody even if they don't know it. There are other '*highnesses*' in the market, and they may be as good."

From consideration of the paper herewith submitted as documentary evidence, it will be found that the "allegations" complained of are in accordance with the truth, and that the paper is a positive contradiction of the position assumed under the letters from Jenichen, June 26, 1845, and October 19, 1847. And for what reason were these letters not published May 20, 1861, instead of the contradictory statement?

"After Jenichen's death (February, 1849) his mode of preparing high potencies was divulged by Dr. Rentsch in a paper read before the Central Association of Homœopathic Physicians, at Leipzig, August 8, 1851, and published in the A. H. Z., Vol. XLII., by Rummel, one of the aspersers of Jenichen and Hering." (*G. F. Fincke.*)

In this statement the learned advocate is in error, as we will presently show that Dr. Rentsch had nothing to "divulge," not being the custodian of the great secret. The paper read by Dr. R. is published, as above stated, and we find Dr. R. saying, page 149: "With the exception of Constantine Hering, the friends of Jenichen and his high potencies have never obtained a full knowledge of the secret of this mode of preparation. \* \* \* Dare and shall this secret be promulgated? I have heard various opinions contending that the custodian of the complete secret has full and tenable reasons for his silence. I am in favor of publishing it, and while I state below all the information I possess, or what at least I could conjecture, (vermuthen,) regarding the preparations of the high potencies, I only follow my conviction that a protracted silence would be useless." Dr. R. distinctly states to whom the full secret has been confided; he is not the custodian, he divulges nothing, having nothing very positive to *divulge*, but he *publishes* what he knows and *conjectures*.

"But who then and there said: 'Let us own up to ourselves; we did not behave with the high potencies as we ought to; we have not been mystified, we all mystified ourselves.'" (*Fincke's "Defence."*)

Rummel says in the remarks of which this sentence is but a part, and which seems to imply an intention of endorsing R., page 167: "It is an elevating experience, which history seems to confirm everywhere, that no really great invention has ever been kept a secret, for the force of truth, which appears like an accepted revelation, presses one to communicate it even at the risk of martyrdom." The secret-monger had seldom much valuable information to bestow. And on page 168 secrecy causes another drawback; it was a bar to the experiments with high potencies.

"Ten years later, when Hering was attacked again, he said, in an article published in the A. H. Z., Vol. LXII., (May 20, 1861:) 'How can physicians, to whose discretion so much must be confided, expect that one of their own recklessly throw out upon the market what was communicated to *him* under condition simply because it is demanded, and by whom? For it must not be forgotten who they were who first made the impetuous demand. I felt as Lot did when his house was "compassed," to bring out the Angels, his guests, that one may know them, (1 Mos.

XIX., 5.) He, it is true, offered his daughters, which, to be frank, *I* would not have done, but the exaction was the same. Of this opinion *I* am still." (*Fincke's "Defence."*)

We are decidedly of the opinion that *he* is much better represented, Matthew VII., 9, 10, 12, and let him take it to heart.

"Thus the above insinuations against a 'distinguished colleague' fall to the ground." (*Fincke.*)

We think we have fully established much more than the "*tender*" insinuations against a "distinguished colleague," and we congratulate the learned defender (of the *gentleman* whom we did not name) upon his erudition—he did point *him* out among the many; whether he advances *his* interests by the very ingenious defence time will show.

"How can Dr. Hering be blamed for not publishing what never was his business to publish, and what Dr. Rentsch *did* publish?" (*G. F. Fincke.*)

We feel sorry to repeat that Dr. Rentsch did publish the fact that Dr. H. was the sole custodian of the complete secret held by Jenichen. Dr. R. *did* publish the little he knew *and* his *conjectures*. Does the learned advocate mean to say that these conjectures received the endorsement of Dr. Hering? If so, nobody is aware that such an endorsement has ever been published, while we do know that *he* is "a very ready endorser."

"Or for the ignorance of those who ought to, but do not know what was published on the subject?" (*G. F. Fincke.*)

This compliment is returned with interest due.

"If Dr. A. R. Morgan had known enough, he might have saved to himself and to the profession this parading of a '*precedent*,' which, after all, turns out to be a piece of self-stultification." (*G. F. Fincke.*)

Were we allotted more space, we might (and may be compelled at a later date) draw out a perfect parallel between Jenichen's connection with "*him*" and the present status of Dr. B. Fincke. The same causes must lead to the same results; the precedent is fully applicable, and the secrecy-ring (3) cannot change or alter logical sequences. The well-timed and well-intentioned admonition of the "true friend of our cause" is termed to be a piece of self-stultification. The profession at large will, no doubt, answer the question truly at issue—Does secrecy advance Homœopathy?

PHILADELPHIA  
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.

BUSHROD W. JAMES, M. D., SCRIBE.

The regular monthly meeting of the Society was held on the evening of February 13th.

J. WINTER HEYSINGER, M. D., was proposed for membership and duly elected.

Dr. BUSHROD W. JAMES then read a paper on the question, "Does food convey disease into or generate it within the human organism?"

On motion, the thanks of the Society were extended to Dr. JAMES for his interesting essay.

The reading of the paper was followed by an interesting discussion.

Dr. JACOB JEANES.—That animal food does produce disease, when the animal has been diseased during its life, and likewise when the at first healthy meat has undergone a partial putrefactive change, does not admit of being doubted. It is a very fruitful source of disease indeed. Fashion has made it a common practice to eat certain articles of food, as venison, partridges, etc., when this putrefaction has taken place to a limited degree, and I have no doubt that this has often produced disease in those who indulge in the reprehensible practice. There is no doubt but that a great portion of the diseases that man is subject to have their counterpart in the lower animals, and that this is true we may observe daily. I may say, however, that I have some doubts, when I hear the outcry raised against hog's meat, as though we were desirous of confirming the antipathy of Moses. We should be very careful how we produce, in the minds of the people, repugnance to any article of food. It would be more alarming to me to know that sausages I had eaten were made after the manner described by Mr. Sam Weller, than to hear that the meat was trichinous. Man is evidently an omnivorous animal, and it is not right to discard any article of wholesome food. Animal and vegetable food should be partaken of. The latter, in winter, prevents the accession of scorbutus, which a diet exclusively animal might generate. Some of the most malignant and rapidly fatal cases of cholera have been in those who, having abstained from vegetables throughout the epidemic, have been tempted, at its close, to partake of the coveted luxuries. I do not feel disposed to accept fully this doctrine of the generation of trichinæ or tæniæ in the human organism, and think we should receive these things with a great deal of caution.

Dr. WILLIAMSON.—For those who eat pork in the raw state—and there are many such—I look upon this subject with much apprehension.

That the earliest inhabitants of the earth, and some savage tribes even now, who live by the chase, eat animal food almost exclusively, and in a raw state, affords no shadow of an excuse for any persons living in a civilized country or age doing so. And though I am no believer in special Providential visitations, yet we may say that Providence has placed the broad mark of disapprobation upon such filthy habits.

It is a fact beyond dispute that the system has power to resist disease, even when the producing causes of disease are present and active. If it were not so, mankind would be in a bad way. But the system cannot and does not always resist effectively, and it is possible that food of diseased animals or vegetables, or partially decayed animal or vegetable food, may overcome the resistance of nature, and, meeting some hidden or latent predisposition, set up disease. This is true particularly of animal food. Vegetables belong to a lower and less complex order, and are consequently not so capable of producing poisonous results. It is one of the duties of physicians to warn and protect the community from these dangers. If we go back to the ancient Mosaic law, we will find there laid down strict rules for the using of animal food; and to this day hog's meat cannot be used with impunity where the prohibitory laws were operative.

Most articles of diet are wholesome in season. Fruits are a very wholesome as well as agreeable food. We often hear the expression, "*There is so much fruit in market, I do not wonder that children are sick.*" This is altogether fallacious, for two reasons: *First*, the conditions and combinations of the atmosphere, necessary to the production of an abundant fruit season, are the same conditions and combinations that produce a healthful condition of the human economy; and *second*, because, when fruit is abundant it is usually good, the children eat plentifully of it, and it is good for them and not injurious.

Dr. O. B. GAUSE.—Lying beneath the surface of this paper there appears to me to be a deep question—the question of the transmission of hereditary disease, as, for instance, scrofula. It is not a question whether decayed fruit or putrid meat will set up disease. We are all agreed on that point. The question is, can a chronic disease, as scrofula, be carried into the system by means of food? Will there be produced, in the system of man, previously healthy, and with no scrofulous taint, a diseased condition or taint not there before, by eating pork or liver that is diseased? An ox is diseased, has tuberculosis, for instance; he is killed, and his meat taken to market; what effect will that meat have upon those who eat it? Does the stomach turn the meat into nutritive elements for the human system, and at the same time eliminate and have cast out all the poisonous attributes? If disease can be generated, *de novo*, through food in this way, we cannot sufficiently guard the public from its influences, and cannot give too much time to the investigation of this subject.

Dr. RICHARD KOCH.—In examining diseases, we find that they may be arranged in two classes, the *contagious* and *non-contagious*. Of the first class, if the virus produced by one of them, say small-pox, be taken into the stomach, it produces comparatively no effect, not a like disease, nor any other. The hydrophobic poison likewise, when taken into the stomach, produces no effects. But if the matter of small-pox be brought in direct contact with the circulation, we know what results; and if the poison of the rabid dog be brought in contact with the circulation, hydrophobia results in a very short time.

On the contrary, those that are non-contagious and parasitic have a reverse effect; and if their product be taken into the system, as trichinæ, for instance, the same disease is engendered.

In the stomach are certain juices that have the power to destroy certain ova or larvæ, but not others. The lungs, however, do not appear to possess this power, and disease is produced by bringing these producing causes in direct communication with the circulation through the lungs.

Dr. Salisbury, of Louisville, who is investigating these subjects, has

discovered, as he thinks, the true propagating poisons of syphilis and gonorrhœa to be a parasitic growth. In chancre, the fungi are not found in the pus, but at the bottom of the sore; and in gonorrhœa, not in the discharge, but attached to the mucous membrane of the urethra. Dr. S. supposes these fungi to be the mediæ of propagation of these diseases. I can corroborate the presence of these fungi. You will remember Dr. Salisbury's theory of the cause of intermittents. If fresh earth is turned up, in a few hours a film gathers upon it, and this film, under the microscope, gives the appearance of a miniature plant. If this earth be placed in the sleeping apartment of an individual, he will have intermittent fever. I have tried this experiment, and found Dr. S. to be correct.

The question now naturally arises, with what are we to destroy these parasitic growths? The answer is, with *sulphurous acid*. But the difficulty is, how are we to make use of that agent? I have used the following plan: I give sulphide of soda in 3 to 5 grain doses, and this being acted upon chemically in the stomach and system, sulphurous acid is evolved, and the parasites destroyed. Of intermittent fevers that I treated in this way at Harrisburg, and some of which had resisted both the ordinary Homœopathic and Allopathic treatment, every case was cured, and I did not hear of a single case in which the disease returned.

An epidemic of gangrene in the Pennsylvania Hospital, in 1865, resisted all treatment. The walls, beds, patients and their sores were found to be covered with parasites. Sulphide of soda was freely applied, with the best results. I have treated chancres also with sulphide of soda, 15 grains to ounce of water, locally, with good success.

Dr. Brooks.—The question involved in Dr. James' paper is very deep and momentous. Food taken into the stomach modifies nutrition, and of course it makes a great difference what is taken in. There is a vital power in our organism to resist disease and preserve health, but it cannot always resist, and will finally yield.

In the western States there was a disease amongst the cattle called milk sickness. The cattle would easily become tired; trembling would set in; they would lie down and die. The flesh and milk of these cows would produce disease both in men and dogs who partook of them. If one form of diseased food will produce sickness, why not another form? Unhealthy food will modify the nutrition, the life-cell, the basis of organization, will be effected. Every thing, therefore, that is at all diseased should be scrupulously discarded as food.

Dr. Tothaker.—The practice of salting meats in the city is a reprehensible one. The meat is not salted until it is so far putrid and smells so badly that it cannot possibly be sold as fresh meat. The greater part of the salted meats are of this character. The question should not be, how far we can go in eating diseased meats, but, with the clear view we have of the great effects of minute doses, we should stop before we have eaten any of these diseased articles.

Dr. Jeanes.—The question seems to be, what is the treatment proper for the removal of these parasites? I would throw but a warning word. I have listened with great pleasure to the remarks of Dr. Koch, but I would not be too readily led away into beliefs of this sort. In regard to treatment, I think we will do best in this, as in all other cases, if we stick to the Hahnemannian method. We are all well acquainted with the modifying effects of minute doses. Hahnemann has remarked that the *tænia* may gradually disappear under the modifying influences of these minute doses.

The parasite requires certain pabulum to feed it and keep it alive. If,

by the action of our minute doses upon the system, we are enabled to cut off the necessary pabulum, or to modify the system so that this pabulum will no longer be furnished, the parasite will necessarily die.

Dr. H. N. MARTIN.—In regard to the treatment of diseases supposed to be of a parasitic origin, I have not had much experience, but have seen some things that have caused me to wonder.

*Lachesis* has been very successful in the treatment of diphtheria in the highest potencies.

In a case of old ulcer, in which gangrene set in, *Secale* 200th was given, and in three days the ulcer began to heal.

In the Little Wanderer's Home we have had a large number of cases of itch and other skin diseases. All were cured, without external applications, by the use of remedies in potencies not lower than the 200th.

In a case of syphilis, with well-developed chancre and bubo, the 50<sup>m</sup> *Fincke* of *Merc. sol.* was given, and in ten days the man said he was well.

In the treatment of gonorrhœa, *sulphide of soda* 10<sup>m</sup> has been followed in nearly every case by a rapid cure.

If, then, these minute doses will cure diseases, we can readily appreciate the fact that minute doses of animal poisons may be the agents in the production of disease.

Dr. RICHARD GARDINER confirmed Dr. Martin's statement in regard to the treatment of cutaneous diseases at the Little Wanderer's Home.

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## ANNUAL MEETING OF THE PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Homœopathic Medical Society of the State of Pennsylvania will be held in Harrisburg on the second Tuesday in May, (12th,) at 10 A. M. Each member of the Society is requested to offer some interesting paper for its consideration. The various Homœopathic organizations throughout the State, and other State Societies, are expected to send reports as well as delegates to the meeting. Papers of value to the profession are also desired from any Homœopathic physician of this State or other places.

The chairmen of the different committees on scientific subjects are urged to bring their papers or forward them to the Recording Secretary in due time for the opening, in order that the business of the session may be arranged, and thereby expedited.

BUSHROD W. JAMES, M. D.,

*Recording Secretary.*

No. 1821 GREEN STREET, Philadelphia.

# MATRICULANTS OF HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA, SESSION OF 1867-68.

<i>Name.</i>	<i>Residence.</i>	<i>State.</i>	<i>Preceptor.</i>
Adams, H. F., M. D.	Canastota	N. Y.	
Barrett, C. B., M. D.	Philadelphia	Pa.	
Barden, O. P.	Tioga	Pa.	J. H. P. Frost, M. D.
Betts, B. Frank	Hatboro'	Pa.	E. Reading, M. D.
Bigelow, F.	Toledo	Ohio	Practitioner.
Birdsall, S. T.	New York	N. Y.	W. M. Pratt, M. D.
Bradford, O. L., M. D.	Frankstown	N. H.	
Bradford, T. L.	"	N. H.	O. L. Bradford, M. D.
Breyfogle, C. W.	Columbus	Ohio	Practitioner.
Breyfogle, W. M.	"	Ohio	Geo. H. Blair, M. D.
Boynton, F. M.	Henderson	Texas	Practitioner.
Brown, S. H.	Philadelphia	Pa.	Samuel Brown, M. D.
Cooper, C. J.	Camden	N. J.	H. F. Hunt, M. D.
Dickerson, C. S. A.	Paris	France	Practitioner.
Dixon, Samuel	Philadelphia	Pa.	H. N. Guernsey, M. D.
Evans, Chas. H.	"	Pa.	E. W. Martin, M. D.
Foster, R. N., A. M.	"	Pa.	H. N. Guernsey, M. D.
Gerhardt, Ad. Von, M. D.	Baltimore	Md.	
Gramm, G. E., M. D.	"	Md.	
Griffith, Silas, M. D.	Philadelphia	Pa.	
Gwynn, W. M.	Throopville	N. Y.	Practitioner.
Hollett, A. P.	Sonora	N. Y.	H. S. Benedict, M. D.
Hall, Harrison, B.	Camden	N. J.	E. B. Hall, M. D.
Homer, Horace, M. D.	Philadelphia	Pa.	
Huebner, O. T.	Nazareth	Pa.	Jos. Hark, M. D.
Hunt, Jeremiah	Syracuse	N. Y.	L. B. Wells, M. D.
James, Walter M.	Philadelphia	Pa.	H. N. Guernsey, M. D.
LeFavor, Witton F.	Columbus	Ohio	D. R. Kensell, M. D.
Messer, Geo. A.	New London	N. H.	H. N. Guernsey, M. D.
McGeorge, Wallace	Philadelphia	Pa.	{ J. H. P. Frost, M. D. M. Macfarlan, M. D.
McIntire, K. L.	Pittsburg	Pa.	Practitioner.
Mower, M. P.	Alton	Iowa	D. R. Posey, M. D.
Miller, C. C.	Oxford	N. Y.	R. E. Miller, M. D.
Mitchell, G. W., M. D.	Groveland	Ill.	

Newton, Charles, M. D.	Sharpstown.....	N. J.....	
Patch, Alfred E.....	East Knox.....	Me.....	{ J. H. P. Frost, M. D. C. W. Boyce, M. D.
Parker, Geo. W.....	Philadelphia.....	Pa.....	J. H. P. Frost, M. D.
Payne, Fred. W., M. D.	Bath.....	Me.....	
Peacock, Thos. M.....	Philadelphia.....	Pa.....	M. C. Hamilton, M. D.
Perkins, D. C.....	Unity.....	Me.....	Jas. B. Bell, M. D.
Phillips, Albert W., M.D.	Birmingham.....	Conn.....	
Putnam, Chas. M.....	Flint.....	Mich.....	Practitioner.
Richards, Rosanna S....	Yarmouth.....	N. S.....	W. L. Arrowsmith, M. D.
Ridings, James H.....	Philadelphia.....	Pa.....	J. H. P. Frost, M. D.
Rupp, A. B. C.....	".....	Pa.....	Robt. J. McClatchey, M.D.
Smith, Ralph C.....	".....	Pa.....	W. J. Hawkes, M. D.
Sanger, Thad. E.....	Littleton.....	N. H.....	Practitioner.
Schmidt, J., M. D.....	Baltimore.....	Md.....	
Scott, Wm. R., Jr.....	Philadelphia.....	Pa.....	H. N. Guernsey, M. D.
Slason, Wm. H. H., M.D.	New Bedford.....	Mass.....	
Shaw, Samuel M.....	Bloomington.....	Ill.....	John E. Voak, M. D.
South, Ephraim, W....	Wilmington.....	Del.....	A. Negendank, M. D.
Sprague, Wm. M.....	Poplar Ridge.....	N. Y.....	{ H. Robinson, M. D. H. Robinsop, Jr., M. D.
Stewart, H. K.....	Philadelphia.....	Pa.....	V. R. Tindall, M. D.
Stuart, A. W., M. D....	".....	Pa.....	
Taylor, Isalah S.....	Montrose.....	Pa.....	James Voies, M. D.
Turner, R. M. C.....	Philadelphia.....	Pa.....	Robt. J. McClatchey, M.D
Ure, W., A. M., M. D..	Alleghany City.....	Pa.....	
Wardwell, P. G.....	Lawrence.....	Mass.....	J. H. Smith, M. D.
Warren, A. B.....	Augusta.....	Me.....	Jas. B. Bell, M. D.
Walker, M., M. D.....	Philadelphia.....	Pa.....	
Wiltbank, Comley J....	".....	Pa.....	E. Rufus Ward, M. D.
Wilmer, James.....	Providence.....	Pa.....	Practitioner.
Woods, J. U.....	Augusta.....	Me.....	Jas. B. Bell, M. D.
Young, James A.....	Hopkinsville.....	Ky.....	D. J. Gish, M. D.

# LIST OF GRADUATES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

PHILADELPHIA, *February 28, 1868.*

H. F. ADAMS, M. D.,	Canastota, N. Y.	THOMAS H. PEACOCK,	Philadelphia, Pa.
OLIVER P. BARDEN,	Tioga, Pa.	DANIEL C. PERKINS,	Unity, Maine.
STEPHEN T. BIRDSALL,	New York, N. Y.	CHARLES M. PUTNAM,	Flint, Mich.
F. M. BOYNTON,	Henderson, Texas.	ROSANNA SCOTT RICHARDS,	Yarmouth, Nova Scotia.
CHARLES W. BREYFOGLE, A. M.,	Columbus, Ohio.	JAMES H. RIDINGS,	Philadelphia, Pa.
WM. L. BREYFOGLE,	Columbus, Ohio.	THADDEUS E. SANGER,	Littleton, N. H.
CLARK J. COOPER,	Camden, N. J.	JACOB SCHMIDT, M. D.,	Baltimore, Md.
CHARLES S. A. DICKERSON,	Paris, France.	WM. H. H. Sisson, M. D.,	New Bedford, Mass.
WM. M. GWYNN,	Throopsville, N. Y.	WM. M. SPRAGUE,	Poplar Ridge, N. Y.
WALLACE McGEORGE,	Philadelphia, Pa.	WALTER URE, A. M., M. D.,	Allegheny City, Pa.
C. C. MILLER,	Oxford, N. Y.	ADOLPH VON GERHARDT, M. D.,	Baltimore, Md.
G. W. MITCHELL, M. D.,	Groveland, Ill.	COMLY J. WILT BANK,	Philadelphia, Pa.
FRED. W. PAYNE, M. D.,	Bath, Maine.	JARVIS U. WOODS,	Augusta, Maine.
ALBERT E. PATCH,*	East Knox, Maine.	JAMES A. YOUNG,	Hopkinsville, Ky.

\* Deceased, March 4th.

## SPECIAL DEGREES.

THOMAS MOORE, M. D.,	Philadelphia, Pa.	MALCOLM MACFARLAN, M. D.,	Philadelphia, Pa.
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## JAHR ON VENEREAL DISEASES.

TRANSLATED BY C. J. HEMPEL, M. D.

NEW YORK, WM. RADDE; PHILADELPHIA, F. E. BOERICKE,  
635 Arch street: 1868.

This new and very valuable book is received just as we go to press; a full notice will be given of it in the April number.  
*Ed. H. M.*

THE  
HAHNEMANNIAN MONTHLY.

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Vol. III.

PHILADELPHIA, APRIL, 1868.

No. 9.

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RECENT HOMŒOPATHIC LITERATURE.\*

BY J. H. P. FROST, M. D.

"Knowest thou *yesterday*, its aim and reason?  
Workest thou well *to-day* for worthy things?"

\* On High Potencies and Homœopathics. By B. Fincke, M. D. Philadelphia: Tafel. 1865.

Homœopathic Materia Medica of the New Remedies. By E. M. Hale, M. D. Detroit: E. A. Lodge. 1866.

Diseases of Women and Children. By H. Minton, M. D. New York: 1866.

A Systematic Treatise on Abortion. By E. M. Hale, M. D. Chicago: C. S. Halsey. 1866.

Text-Book of Materia Medica. By Ad. Lippe, M. D. Philadelphia: Tafel. 1866.

Dr. H. Gross' Comparative Materia Medica. Edited by C. Hering, M. D. Philadelphia: F. E. Boericke. 1867.

The Science and the Art of Surgery. By E. C. Franklin, M. D. St. Louis: 1866-7.

The Homœopathic Directory of Great Britain and Ireland. 1867.

Diphtheria. By C. Neidhard, M. D. New York: Wm. Radde. 1867.

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases Peculiar to Women and Children. By H. N. Guernsey, M. D. Philadelphia: F. E. Boericke. 1867.

A Manual of Pharmacodynamics. By R. Hughes, M. R. C. S. London: 1867.

Special Pathology and Diagnostics, with Therapeutic Hints. By C. G. Raue, M. D. Philadelphia: F. E. Boericke. 1867.

The Venereal Diseases. By G. H. G. Jahr, M. D. Translated, with additions, by C. J. Hempel, M. D. New York: William Radde. 1868. Philadelphia: F. E. Boericke, 685 Arch street.

The literature of our school,—like that of others, as well general as medical,—is divisible into two classes, the periodical and the permanent, both of which should be progressive. “In Geologic phrase,” the successive publications of the periodical class may be taken to represent the wave-like motion of the transition periods; while the occasional and irregular, but equally certain appearance of the separate and more or less voluminous works of the permanent class may be likened to the out-cropping of distinct strata, the concrete results of such continual movement,—each volume, like every stratum, constituting an epoch of its own.

The monthlies and quarterlies provide the raw materials which the subsequently appearing volumes gather and glean and combine into practical treatises. The original records thus preserved in our periodicals are, in this manner, elaborated into a veritable, practical *history of Homœopathy*. And in the fulness of time some master-mind shall, from the whole, deduce the *philosophy of that history*; from modern Homœopathic experience redemonstrate the great law of cure—a precious jewel, of unknown value, long hidden amid the rubbish of past ages, by Hahnemann there originally discovered, and by him confirmed from the Allopathic experience of more ancient times; and show its essential harmony with all other, cognate scientific truths in their most advanced and still constantly advancing states of development.

Our present concern is with the permanent literature of our school, and on the preceding page may be found, in brief, the titles of the principal Homœopathic works which have been published in the English language since our connection with the medical press in the summer of 1865. Although the time covered by these works is short, it is, by their number and importance, made one of the most memorable periods in the history of our school. It begins soon after the appearance of the large volumes on Homœopathic Practice, by Drs. Marcy and Hunt, and the second edition, equally voluminous, of Dr. Hempel's Lectures on the

*Materia Medica.* And we have thought that a brief, *comparative review* of these more recent publications might be made both interesting and instructive by illustrating the present status of Homœopathy in general, as well as in respect to the particular indications which these works were designed to fulfil.

And this seems the more feasible now, since the *experimentum crucis*, the trial of actual use, to which these works have, in most instances, been already subjected, suffices to confirm or reverse the criticisms, favorable or unfavorable, with which they were at first received. For each one of these works had for itself, of course, a distinct aim, the successful pursuit of which was more or less essential to the progress of Homœopathy; and by noting the degree of success or of failure in each instance, we may help to render future efforts more sure of accomplishing similar and still higher objects.

With two or three exceptions, the volumes under consideration may be classified as relating to the *Materia Medica* and to *Practice*. The exceptional volumes may be as well disposed of in the first instance, and that with courteous brevity, since they but little affect the practical questions involved in their contemporaries.

The first of these, Dr. Fincke's treatise on "High Potencies and Homœopathics," consisting of "Clinical Cases and Observations," had in view the inculcation of Homœopathic principles as seen from the standpoint of high potencies, or as in their interest. We state the point thus as a matter of charity, although we very much fear that it will reasonably admit of a doubt whether we have not reversed the natural order as it stands in the Fincke mind and as it is developed (in a manner more remarkable for its want of lucidity than for any thing else) in the Fincke volume; whether in both mind and book, "Fincke's High Potencies" do not actually occupy the first place, do not virtually represent the "Homœopathics" (Homœopathic principles?) as being naturally subservient to the pecuniary welfare of

the "Potencies" aforesaid. We have, therefore, charitably placed the cart behind the horse, but cannot escape the conscious feeling,—which, in fact, haunted us in the old time of *high prices* of the "High Potencies," and follows us no less pertinaciously now in the time of lower prices for the same,—that the cart itself is made a Trojan horse, and placed in advance of the original Homœopathic steed as being, to Fincke at least, of infinitely more importance; that with Fincke in fact man is made for the Sabbath rather than the Sabbath for man.\* The book itself may be said to have exerted no perceptible influence; nor is it an easy matter to tell whether this were due to the uncertainty above referred to, as to the "Homœopathics" being for the sake of the "Potencies," or *vice versa*; whether it were due to that general *tout ensemble* of the book itself, which caused it to be regarded as a sort of elaborate "advertising dodge;" whether to the fact that the "clinical cases" resting solely upon the *ipse dixit* of one (and that one a very interested) witness, were entirely unsupported by indicative symptoms; whether to the utterly unintelligible and repulsive jargon and medley of Greek, Latin and other barbarisms attempted to be forced into the English language; whether to the general mistiness which spreads over the theoretical part the same *odor of secrecy* (not of sanctity) which so demoralizes the practical part; or whether, finally, and as is much more likely, this may be due to the combined influence of all these causes.

The elegant and complete "Directory of Homœopathy in Great Britain and Ireland" plainly shows what we need in

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\* Lest the reader think we lay too much stress upon a minute point, we state that the above is only an earnest protest against the method and system by which the vast interests of Homœopathy are placed at the mercy of one manufacturer of secretly prepared remedies. In our humble opinion the *identification of Homœopathy with "Fincke's High Potencies,"* the thing for which Fincke naturally strives in order to enforce the sale of his preparations, is just the thing which the real friends of Homœopathy should most edulously avoid.

this country, and what we trust the Convention of our Pharmaciens at St. Louis will decide to issue forthwith. Dr. Hughes' Pharmacodynamics will prove a very useful preparation for the study of the *Materia Medica*,—which it was by no means intended to supersede, as some critics seem to have inferred.

The three volumes in our list which relate to the *Materia Medica*, are remarkably diverse in their method and particular design. Dr. Hale's book is principally preliminary, a sort of challenge-preparation for provings, and it contains—with some small sprinkling of provings, and, in some instances, with almost none at all—a large amount of testimony collected from all sources to the value of numerous indigenous plants, presenting them as worthy candidates for *probation*, proving and admission to the veritable Hom. Mat. Medica. The abuse of this book indeed leads directly to Eclecticism. This is, perhaps, unavoidable, but for it the author would have been even less responsible had he not, by supplying a "Clinical Index and Repertory," seemed directly to encourage the use of imperfectly-proved remedies. And yet we hope good may come out of all the evil, and that, perhaps, it is all for the best for Homœopathy and for humanity. For we must have the really valuable plants in our *Materia Medica*; and while it is manifestly impossible to prove all in order to discover which are worth proving, we must be guided by clinical and empirical testimony, which, whether Allopathic or Eclectic, may point out the plants most worthy of being proved, and in which the provings themselves and their subsequent curative use will all the more establish the truth of Homœopathy by showing that the cures originally made with these plants, even by non-Homœopathists, are essentially Homœopathic.

The ready encouragement which has greeted Dr. Hale's labors in the *Materia Medica*,—in spite of severe and perhaps not altogether deserved, adverse criticisms,—will, we trust, stimulate him to other and still further efforts to supply the great need of a complete *Materia Medica*;—efforts,

which, guided by a more correct method, shall at once deserve and command the earnest *co-operation* of all the active and intelligent members of the Profession.

While Dr. Hale's book might have been more valuable if it had been condensed, the utility of Dr. Lippe's would have been enhanced four-fold had it contained about one-third more. The omission of many important symptoms seriously impairs the universal acceptableness of the Text-Book. It professes to contain "the *characteristic and most prominent, special symptoms* of the best proved and most used of our medicines;" and the work is as well done as it could be by any one man; better, far better, no doubt, than it could have been done by any other man. Although ample as a text-book for students, it seems as though it might easily have been made a little more comprehensive, and so rendered (what it does not profess to be) a real *Materia Medica* in brief, and capable of doing good service to all who could procure no more extended and complete work. And yet, who that has practically applied the Hom. Mat. Med. for a few years even, and carefully observed his patients, cannot adduce numerous symptoms of the different remedies which he has found "characteristic and most prominent," but which the Text-Book does not contain? There is one comfort to be found in this connection,—in the fact that there is no discount, no shadow of unreliability on the symptoms which the Text-Book does contain.

In order that such a book should at once attain its highest value, it must needs be made, as pic-nics are constituted, by mutual contributions. By *co-operation* of the famous Seventy (LXX.) the Old Testament was admirably rendered into Greek from the original Hebrew and Chaldaic; by *co-operation* of many learned men, commissioned by King James, the whole Bible was very faithfully translated into English. By a similar *co-operation*, on a most extended scale, we might reproduce the *Materia Medica* itself in its most precious elements, and construct a *contemporary Materia Medica, Pathogenetic, Clinical, and even Empirical*, which should

truly represent the knowledge and wisdom (practical experience) of the entire profession. Suppose each member made his contribution from memory alone, each one giving what he could of each remedy, there would, indeed, be much of repetition; but would not the bounds of our curative and confirmed knowledge of many remedies be very greatly enlarged? In a manner not unlike this, classical works are attempted to be restored by means of quotations from them collected from other writings.

Dr. H. Gross' *Comparative Materia Medica* affords a melancholy example of misplaced industry—of the labors of a lifetime lost from being directed by a faulty method. And it seems singular that the learned editor of this elaborate work did not discover the irremediable viciousness of its plan and method before having undertaken the severe labors of translating and publishing it. Here we must confess that both our criticism and our hopes were at fault. A work which we had confidently believed would be worth more than its weight in gold, proves to the ordinary student perfectly impracticable: while the more experienced physician who ventures to consult it in a doubtful or anxious case, does so with fear and trembling;—conscious that the conclusion to which this book may lead him will, just as likely as not, be erroneous; knowing that only in the plainest cases can he trust the work implicitly, and there, of course, he needs no aid. For he has found to his cost that the book from which he had such "great expectations" is, to a great degree, insufficient, contradictory, indeterminate and confused as to the particular symptoms, and as to their relative, comparative, and dynamic value; almost useless alike in the investigation of particular cases and (for the same reasons) in the general study of the *Materia Medica*.

Such, unfortunately, is the truth of history as to the principal efforts made during the last three years to answer the demands of the profession for a complete Homœopathic *Materia Medica*. From different points of view, by different persons and various methods, this great need of the profession

has been attempted to be supplied. But all that has thus been accomplished, only shows still more plainly the necessity for republishing all the large amount of provings,—which, at present exist, in German and in English, scattered through numerous volumes, monographs and periodicals,—in one complete work. Why should not our Pharmaceutical friends, at their proposed reunion in St. Louis next June, determine upon such an undertaking in co-operation, and engage the services of suitable editors who should give to the work all their time till it was completed and printed in a style worthy the ample means of the publishers and of the liberal support which it could not fail to receive from the profession? All the space which at present can be afforded for this purpose by our periodicals, can scarcely contain the *new provings* which are constantly being presented, let alone the much needed collocation of those already published in various forms.

Before considering the works on Practice, we should notice Dr. Minton's book, which occupies an "intermediate state" between that of a domestic work and one suited to physicians. In attempting to fulfil at once these dissimilar and incompatible indications, Dr. M. has evidently fallen between two stools, and failed to accomplish either object in a satisfactory manner. Still, as Homœopathy becomes better known in families, there may arise a class of persons who can appreciate this book,—which, in the meantime, no doubt, advantages its author in his private practice. In the way of "domestic physicians," what is wanted more than any thing else, is a work which shall teach pure, Homœopathic practice; which shall recommend but one remedy at a time, and which shall bring before the people the true characteristic indications for the remedies themselves. Perhaps our venerable friend, the editor of the American Journal of Homœopathic Materia Medica, may incorporate these "characteristics" in the next edition of his Domestic Physician. *Verbum Sat.*

The length of this article renders it necessary to reserve to a subsequent number our comparative review of the recent works on Homœopathic Practice.

## A PROVING OF PETROLEUM.

BY P. O. C. BENSON, M. D.

Read before the Central New York Homoeopathic Medical Society.

July 26. Took ten drops of the 1st dec. dilution at 9½ o'clock, P. M. Before 12, the same night, felt pain in the frontal region, with slight nausea, which increased, and an inclination to belch wind, with slight pain in transverse colon and left lumbar region. Awoke at 5 with pain below umbilicus, rumbling in bowels, and disposition to have a movement, belching of wind and stomach unsettled. Arose at 6; all the symptoms increased. On movement, the pain in the bowels just below the umbilicus became sharp and cutting, and increased the desire to have a passage from the bowels. Soon had a free movement; diarrhoeic, lightish brown color, and very thin; the pain returned just after. Headache, frontal, dull and disagreeable.

Before 7 o'clock the sickness of the stomach had increased so that at one time I thought I should vomit. There was a good deal of rumbling and noise in the bowels, and at 7 had an urgent desire to have a movement, but did not go out, and it passed off. The same desire returned a little later, and I tried to have a movement, but did not. No more movements of bowels till about 6 P. M., when they moved natural. During the day there was, at times, a great deal of sickness of the stomach, almost amounting to vomiting, so that several times I was obliged to lie down.

The attacks would come on every 10 or 20 minutes, and lasted from three to five; they extended up into the throat, and the parts about the larynx seemed constricted.

Frontal headache at times quite severe, but worse while the nausea remained.

Belching of wind and feeling of weakness in the rectum all the time.

At 8 o'clock the next morning was awakened by an urgent

desire to have a stool. Movement very free and watery; came with a gush, a little pain just before and after. Awakened again at 5, as before, and had another similar movement; also, another at 6. At 8, had an inclination to have a movement, and went out to do so, but had none.

No more movements throughout the day, but felt a weakness in the bowels particularly about the rectum and anus. The dull headache continued till about 11, when there was a slight hemorrhage from the nose, after which the head felt better.

The tongue was coated white in the centre, with a dark streak along the edges; very little ambition, and felt the best when lying down. The symptoms all passed off with the second day, and I should have taken more had I not believed that, if I had, I would have been wholly incapacitated for business.

I can trace the above symptoms to no cause but the Petroleum, as I was, at the time of taking it, in usual health, which is good, and bowels regular, and I had not deviated from my customary diet. Were it not for this I should hesitate to present the symptoms to the Society, as they came from a single trial.

During the summer I used it in about a dozen cases, and from the 3d to the 6th dilution, sometimes in alternation with other remedies, and sometimes alone. Of these dozen cases, seven or eight, I am confident, were benefited by its use, but in the remaining four I could see no result. The first seven or eight all complained of a weakness of the rectum, with pain more or less sharp and cutting in the bowels, principally below the umbilicus, and a desire for frequent movements between the passages.

In some, the discharges were simply diarrhoeic, light yellow and watery, while with others it was bloody and slimy. They all had many symptoms pointing to *Mercurius sol.* and *corr.*, and in some I had given these remedies without satisfactory results, when a few doses of the Petroleum changed the case by lengthening the interval between the diarrhoeic

stools, or substituting for the dysentery a simple diarrhoea, which soon passed away without trouble.

A couple of cases will illustrate: Mrs. D. C., aged about 65, was taken with a diarrhoea which proved very obstinate. There was nausea, pain in the bowels, mostly before and after a movement, great weakness in rectum, lightish yellow discharges, which increased in frequency so that they were every 10 or 15 minutes. Had had her under treatment about a week, and had given her Chamomilla, Ipecacuanha, Aconite, Mercurious sol., Pulsatilla, and Arsenicum, without any result only that she was getting worse all the time; changed to Petroleum 3d, and from the first dose there was a marked change, so that during the first day of its use she had only three discharges, and on the third day thereafter was up, nearly as well as ever.

The other case was one of dysentery, with much the same symptoms, only bloody passages. Had had her under treatment eight days, and no change for the better; had given her Aconite, Colocynth, Mercurius sol., Mercurius corr., Nitric acid, and Pulsatilla, when, on the eighth day, as some typhoid symptoms seemed to manifest themselves, I left her Aconite and Rhus tox. On the next day the indications for Aconite were gone, but there was no change with the discharges. Gave Rhus<sup>3</sup> and Petroleum<sup>6</sup>. The following day the bloody discharges had nearly all subsided, leaving in their place a simple diarrhoea, at times streaked with blood. Omitted the Rhus and gave the Petroleum alone. From this she continued to improve, and was up in a few days.

Some may argue that as I gave the Petroleum in alternation with the Rhus, I cannot be sure that I received any marked benefit from that alone. Perhaps that may be so, but as I had given the Rhus before without such a decided change, I think it must be admitted that the Petroleum played an important part, since the change for the better commenced with its use, and continued without any relapse while that was used alone, till a cure took place.

## REMARKS ON THE FAN-LIKE ACTION OF THE ALÆ NASI.

BY EDWARD WILLIAM BERRIDGE, M.B., B.S. (London.)

On reading the discussion on this subject in the Hahnemannian Monthly for November and December, the following thoughts arose: This symptom, first pointed out by Dr. D. Wilson, has been almost universally confirmed. That the well-known case of pneumonia was really *cured* by Lyc. is evident to every unprejudiced reader, and this is confirmed, too, by Dr. Capper, who was also in attendance on the case, and who stated (*vide report*) that he was "astonished at the rapid progress." I mention this latter circumstance because reports are now being circulated to the effect that Dr. C. did not think much of the case. Since, however, Dr. C. never denied Dr. Wilson's assertion publicly, remarks to the contrary *made after his death* must be taken for what they are worth. Dr. Aitken, whose work on medicine is now considered the standard one by the Allopaths in England, says of the action of the alæ nasi, (Vol. II., p. 568:) "The occurrence in children of these phenomena indicates a greater amount of disease than the general symptoms would lead us to suspect." And again, (p. 674:) "That all cases of pneumonia are severe in which the pulse is above 120, the respirations above 40, and the temperature above 104° F. at the height of the disease." Dr. W.'s case was, therefore, a severe one, and the efficacy of Lyc. in its cure may be best shown by comparing it with a case of double pneumonia, with fan-like action of nostrils, occurring in a boy of sixteen, which I saw treated in an Allopathic hospital, but not heroically.

### *Dr. Wilson's patient.*

Strumous diathesis.  
Complicated with hepatitis and  
peritonitis.

Maximum pulse, 130.

Maximum respirations, 60.

Maximum temperature?

Total duration of illness, 18 days.

### *The Allopath's patient.*

Previously in perfect health.  
No complications.

Maximum pulse, 120.

Maximum respirations, 64.

Maximum temperature, 104.

Was still an *in-patient* at the end  
of 81 days.

Some cases have, however, lately been mentioned by Drs. Von Tagen, Payne, and Bell in which Lyc. is said to have failed. It is to be regretted that these cases were not fully reported. Indeed, the statement that one physician has found Lyc. succeed and another found it fail, without detailing the cases, is no better than the Allopathic debates, where Dr. A. says he considers mercury "almost a specific in croup, while Dr. B. says he has no confidence in it whatever."

It should first be remembered that Dr. Wilson's statement was not that Lyc. would always cure where this symptom occurred, but that, *so far as his experience went*, when this symptom was *well-marked*, Lyc. would cover all the symptoms, though with regard to adults his experience was yet incomplete.

Again, Dr. Jones, who confirmed this symptom in a previous volume of the Hahnemannian Monthly, says that he has given Lyc. when there was a *slight* movement of the nostrils without result. Now let us look at Dr. Von Tagen's cases. The first of these cases proves nothing, as the patient was necessarily incurable. The next is a case of pneumonia in an old lady, where Phos.<sup>3</sup> succeeded after Lyc. failed. Now, we must remember that Dr. Wilson's experience in this matter has been chiefly with children. Moreover, we have no particulars about the case. Was the motion of the nostrils well marked and rapid? What was the potency given, and how often was the dose repeated? A mistake in either of these points might hinder the cure. Dr. Drury reported a case in the Monthly Homœopathic Review where Lyc. had been given every two hours without success; on giving it every fifteen minutes, upon Dr. Wilson's recommendation, an improvement set in and the child recovered, though the case was so severe that recovery had seemed doubtful. On the other hand, too frequent a repetition might excite an aggravation which would extinguish life. Again, the potency given may be of importance; the cases cured have been, so far as I know, treated

with potencies from 30 to 6,000, and it is very likely that a lower potency of such a medicine as Lyc. would not have so much curative power as a higher one. In the third case the termination was fatal, and this, therefore, proves nothing as it stands, as the patient may have been beyond the reach of medicine. Lyc. will frequently, in these cases, relieve the symptoms, and thus secure a less painful death, even where it fails to cure. I recently saw a case of hepatization of both lungs, (? suppuration,) with effusion into right pleural cavity, complicated with Allopathic *poisoning*. The child had been ill twenty-three weeks. The *alæ nasi* were in rapid, fan-like action, and there was also a *rapid up and down motion of the larynx and trachea*, another indication for Lyc., but unfortunately, when well marked, usually a fatal symptom. Many of the other symptoms, though not all, indicated Lyc., and, as this remedy covered the majority and the most important of them, it was given in the 200th potency. The symptoms were greatly alleviated, but the child died. In cases of asthma, where the patient is almost in *articulo mortis*, Lyc. will, if thus indicated, relieve the symptoms, and enable the patient to die with less suffering. Indeed, in all incurable cases the Homœopathic remedy will do far more good than all the doses of morphia which the pseudo-homœopaths are so fond of giving their patients. I trust, therefore, that *all* these cases will be laid *in full* before the profession.

Dr. Von Tagen's case of chill cured by Arsen. 2,000 is very interesting, and opens a new field for inquiry. But here, again, we should like to know whether the fan-like action was *well marked* and *rapid*. This is important for the following reasons: In some of the cases where Lyc. is thus indicated, though it does much good, it fails to complete the cure. Why is this? If a remedy is *absolutely* and *completely* Homœopathic to the case, it ought alone to cure the case completely. Now, if this be true, and if it be true that for every disease-force there exists in nature its corresponding drug-force, its specific antidote, it follows that Lyc., though

at present the *most* Homœopathic remedy in our *Materia Medica* to these cases, is not always *completely* so, and that therefore there are other remedies (perhaps not yet proved) which would be still more adapted to them, and consequently would contain this *alæ-nasi* symptom in their pathogenesis. Is *Arsenicum* one of these? What remedies did Dr. Jones give in the cases referred to where *Lyc.* failed? All these facts should be given to the profession, and the *exact nature of the movement of the nostrils* to which each remedy seems adapted. The motion may vary in regularity, or extent, or rapidity. In an "hysterical" patient with pericarditis, I saw it brought on by talking to her. I have known it increased by talking to the patient. I have seen it in one nostril and not in the other.

I have discovered one other remedy which produces this symptom, viz.: *Chloroform*. I have frequently noticed it in patients to whom chloroform had been given by inhalation prior to an operation. I do not consider it arises in these cases from any mechanical action on the lungs, as it does not occur in all cases; and it did not occur in a gentleman to whom I gave a large quantity by repeated inhalations for an experiment. In these cases the nasal movement is well marked, repeated at each inspiration, *but not rapid*. This agrees with Erichsen's statement, that it sometimes causes a "low form of congestive pneumonia." It seems then that the difference between *Lyc.* and *Chlor.* is, that the former has a rapid action of the nostrils, the latter a slower one; this must be decided by repeated provings and clinical observations; if, therefore, all the points I have mentioned are carefully noticed and reported, we should greatly gain in our knowledge of drug-diagnosis.

We must be careful, in selecting the remedy, never to trust absolutely to *one* symptom, however characteristic, though we should, of course, study the remedy possessing it *first*. As Boëninghausen says: "The characteristic, curative power of a remedy is never revealed by a single symptom, be it ever so complete." Our *Materia Medica* is constantly

increasing, and we constantly find that symptoms hitherto supposed to be characteristic of one remedy, belong also to others, so that characteristic symptoms are replaced by characteristic *groups* of symptoms. We sometimes, therefore, meet with cases in which some of the symptoms point to one remedy and some to another. Of course, in such a case the *totality* of the symptoms points to neither of these, but to some other, which, however, may be, as yet, unknown to us. In such a case we need all our experience and knowledge of the *Materia Medica* to enable us to decide which of the two groups is of most importance in the given case, and, consequently, which remedy shall be first given. If the physician trusts only to one symptom, he will probably give the remedy which is best known to him, and the chances are equal that it will be the wrong one. The practice of alternating in these cases is an absurdity; the two medicines must necessarily modify each other's action, and, therefore, supposing the two *separately* cover all the symptoms, what right have we to assume that their *combined action* will be Homœopathic to the case?

[*Fan-Like Motion of Alæ Nasi.*]

BY C. W. BOYCE, M. D.

Reported to the Central New York Homœopathic Medical Society, December 12, 1887.

Dr. William E. Payne, in the session of the Central Homœopathic Medical Association of Maine, called attention to this subject and asked whether the members had confirmed it? He had not been able to confirm it. "Dr. Bell had been disappointed in several attempts to confirm this symptom where it seemed predominant."

Dr. Hering says: "It should never be forgotten that the real symptom of *Lyc.* is not a fan-like but a spasmodic motion of the nostrils, and it corresponds with a dozen of others of this drug. If the other symptoms of the case do not correspond with *Lyc.*, and it is given according to this one single symptom, it will either not make a cure of the

case or the cure will be an incidental one. It also no longer stands as a *unicum* since Gross ascertained in asthma, Ferr. has the same as a characteristic. And how could it? The fan-like motion is a symptom in all diseases with difficult breathing, and we cannot expect to cure all by *Lycopodium*."

I have heretofore been unable to confirm this symptom of Lyc., and had been ready to cry amen to the above utterances. But only one week ago I was astonished at verifying it most completely, and I now offer the following case as illustrating it.

- Mrs. Lydia K——, twenty-four years old, who has never before been seriously sick, took cold eight weeks ago, and had been gradually getting worse from day to day until one week ago. She coughed hard, and complained of her chest and head. She kept about the house until three weeks or so ago, when she took to the bed. At this time a physician was called who gave her most excellent treatment and with seeming relief. Owing, however, to her greater confidence in me I was called at first in consultation, and finally the case passed into my care. The change of doctors was not best for her, as she got worse and worse, until she seemed in the point of passing out of the new doctor's hands altogether. It is not material for our present purpose to detail the treatment previous nor the symptoms. One week ago, at ten P. M., Mrs. K—— had a chill which lasted three hours, followed by a fever which lasted nearly all the next day. For several nights before there had been fever for a few hours, but no distinct chill. The lungs had been both infected, but the left one was much less so than the right. This difference was progressive, and at the time of the chill, lasting three hours, or particularly next day, when a careful examination was made, the left lung was found but slightly congested, while the right was quite useless for breathing purposes, not from hepatization, but from being completely obstructed by mucus. There was almost constant cough and intensely labored breathing. When seen at 11 A. M. she sat

partly bolstered up in bed, with all symptoms of disease aggravated, and with the greatest irritability and anguish. All remedies previously given had failed to check this onward march of the disease, and it did seem that twenty-four hours more of onward progress must destroy life. There was a peculiar expression of the countenance—the cheeks were purplish-red, and this deep redness crossed the point of the nose and was exactly circumscribed by the soft part of the nose, a straight line passing from cheek to cheek below the cartilages of the nose, over which it was naturally white. With this was the “fan-like” motion of the nostrils, clear and distinct, and could not elude observation. No inspiration was without it, and the family noticed it as being so very prominent. *Lycopodium* had not been thought of in the case before, but this one prominent symptom called attention to it. One other symptom of *Lyc.* was present, viz.: “Rattling in the chest, even worse than that in *Tart. ant.*” The exacerbations were not regular, as they came at all hours of the day, and even before the crisis was passed were exactly opposite those from the commencement. The chills and fever always came in the night. On this particular morning, just one week ago, Mrs. K— received *Lyc.* 200th a dose every two hours, after the treatment of Dr. Wilson, of London. The next day the symptoms were all relieved, and yesterday the case was dismissed from such constant care. All the conditions are relieved, there is no more chill or fever. The air enters the right lung freely and the appetite has returned. The pulse from 130 has gone down to 76. She took nothing but *Lyc.* 200. In this case the “fan-like” motions decided the prescription, and, I have no doubt, saved the life of the patient.

From the above case, and the experience of Drs. Payne and Bell, and Dr. Hering’s observations, it seems an open question as to the certainty of the symptom belonging to *Lycop.*

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## THE PREPARATION OF HIGH POTENCIES.

BY ADOLPH LIPPE, M. D.

(Continued from page 393.)

Jenichen's preparations of High Potencies were favorably noticed; but even those physicians who acknowledged their superiority over other known preparations felt a hesitancy to say much about them, as a persistent refusal to divulge the mode of their preparation was insisted upon. And for this reason Dr. Boenninghausen induced Lehrmann, a well-known and conscientious Pharmaceutist, to prepare the 200th potency in accordance with Hahnemann's original advice. Lehrmann used a new vial for each potency, (of 99 to 1,) and gave each vial 25 strong shakes. Boenninghausen and others gave these preparations almost exclusively, and only resorted to the higher potencies of Jenichen when the same remedy had to be repeated.

Dr. B. Fincke carried the potencies higher than any one else before him; he published a small work on High Potencies, &c., in 1865. The new preparations were received with enthusiasm by some members of the profession and hooted at by others. In due time, and under the impression that Dr. B. Fincke's first object was to ascertain whether any action would follow their administration, and, should any action follow their use, how that action would compare with that of other high potencies, cases were published in which his preparations were used; and slight comments were made as to their respective value as remedial agents. It was also understood that Dr. B. Fincke would make known the mode by which he prepared these high potencies as soon as it became evident that they were more curative than were other preparations; and, with that understanding, cases of cures were published by confiding friends, who, without fear, bestowed a deserved laudation on the enthusiastic, progressive Potentiator. It is also very significant that the "Secrecy Ring"

kept silent on the subject—they gave no publicity to the results of their experiments with these high potencies. It now so happened that a professional brother, having experimented with Dr. B. Fincke's High Potencies, expresses a desire to know the precise method by which these medicines are prepared. (Vide H. M., Vol. III., p. 214.) Dr. F. keeps silent. Some members of the "Secrecy Ring" become nettled, and procure the services of the vendor of Dr. B. Fincke's medicines to distinguish himself by writing a "*Defence*" pro Secrecy and the Ring. Some member of the Ring claims that Dr. B. Fincke has published all about it; another member claims that no secret exists; but Dr. B. F., when last heard from, stated before the American Institute of Homœopathy, "I did not think of prescribing the profession the proper time when I should tell them, but I meant the time when I should be able to write down my experience, and when I should find a publisher to print it. When these conditions are fulfilled, I promise you to tell you every thing how my potencies are made. But there is no manner of secrecy about them."

The promise to tell how these potencies are made is confirming Dr. A. R. Morgan's assertion that the profession does *not know*, but *desires to know*, the precise method by which they are prepared. All the profession wants to know on the subject, we venture to say, might be condensed into 30 to 300 lines, and every Homœopathic Journal would gladly print it. The Centre of the "Secrecy Ring" may as well be reminded here that he once wrote, (May 20, 1866,) when alluding to the demand made by the profession to know the Jenichen secret: "It must not be forgotten to consider who the persons were who first made this impetuous demand." The persons who made the demand were—"his equals;" belonged and were members of the same Republic of Sciences; enjoying the same rights, privileges and immunities as did the man of distinction who so indignantly asks them—*Who are you?—How dare you ask me a question?* The Republic of Medical Science knows no Ring, no aristocracy, no distinction, no

nationality, no opinionated dictations. It is governed by principles—fixed and eternal, surviving persons and the multiplicity of opinions even of persons of great distinction; and no matter how humble the person's position otherwise may be who asks a question, it is not more than what ordinary good manners demand that a polite answer and not a snub be given him.

After this allusion to former unpleasantnesses, let us hope that the questions "Who are you?" or "By what right dare you ask such questions?" may not be repeated. The great desire to know the principles (not a description of the exact manipulation) on which these preparations known as "Fincke's High Potencies" are prepared, is a natural result of the readily bestowed endorsement of their excellency. As these preparations can only be known and judged by the results following their application, it became evident while these experiments were made that their effect was different from that of all other preparations previously used: and as repeated experiments show this to be so, it followed that these potencies were prepared in a manner differing from all previously known rules for potentiation. Lehrmann's 200th potencies act very similarly to the 30th of Hahnemann, Jenichen's act much more intensely, and Fincke's far surpass them as to intensity. If Dr. B. Fincke has actually (as is claimed by some persons) communicated the principles on which are indicated the manner in which his high potencies (now before the medical world) are made, and if he will point out the published statements we have not been able to find, diligently looking for them, we shall humbly apologize at once; but if, on the other hand, such evidence does not exist, we must suppose him to hold that it is beneficial to our Science and School to keep it a secret, and we will have then under such circumstances to call on him, as well as on the profession in general, and ask him and them the previous question, "DOES SECRECY ADVANCE HOMŒOPATHY?"

The next high potencies were those of Dr. Lentz: he never divulged his mode of preparing them, and they attracted but little attention.

The latest high potencies were prepared by Dr. Carroll Dunham, who kindly promised to state his mode of preparing them, and the reasons inducing him to make these preparations. We are sorry to be informed by him that domestic affliction and anxiety have prevented him from furnishing this statement, and shall give it in our next number.

## CLINICAL CASE.

BY H. RING, M. D., Urbana, Ohio.

I deem it a duty to report the following case treated successfully by *Kali bichromaticum*:

M. S——, female, æt. fourteen, had been suffering since the day before with pain in the *right* ear, which had increased to a very acute, agonizing pain darting inwards, and accompanied by a streak of pain passing from beneath the ear downwards and forwards into the neck, and about two inches in length. There was some pain in the lower jaw on the same side not affecting the teeth.

The suffering had been several times mitigated, for a few moments only, by hot, dry applications, or by heat radiating from the stove. She sat near the stove with the painful side towards it. For brief periods the pain had seemed to diminish of itself, to return with great severity. Lying down increased the suffering, and, when attempting to eat something, chewing had aggravated the pain. Since the pain commenced there had been occasional but not continual throbbing in the ear.

On inspecting the ear, I found within the outer posterior-inferior part of the meatus, a swelling which occluded three-fourths of the aperture. Its color and that of the surrounding parts did not indicate inflammatory action, the whole being rather pale. The swelling was firm, but not hard, inelastic and somewhat wedge-shaped; base downwards.

I was informed that this swelling was first noticed a week or two before; that it had been gradually increasing in size, and had been attended with but little inconvenience until the day before I saw it. My attention was also directed to the left ear, in the external meatus of which, and similarly situated, I saw a swelling of the same color and shape as of the one in the right ear, of a little more than half the size, and attended with but little more inconvenience than a sense of partial occlusion. The patient seemed to

experience no difficulty of hearing. When the pain was most severe she was sensitive to noise.

Some puffiness of the face was noticed. This had been somewhat habitual, especially in the morning. The hands had been noticed to be sometimes puffed.

Throat, nose, mouth, eyes, head not affected. Fever was not discernible. I could learn nothing more from her present condition.

The winter had now set in. I was informed that during the winter before—commencing in February—she had suffered intensely for six weeks from apparently the same ailment, being then treated Allopathically. Several years ago, in cold weather, she was under Homœopathic treatment, I was told, for a similar trouble, and suffered long. The swelling was once lanced without result, except the discharge of a few drops of blood.

This patient had been subject for several years to a smooth erysipelas of the face during the first month of hot weather, but which did not prevent her going about. Her father has been subject for years to what has been called erysipelas in the face, characterized by pustules. He had found the most relief from iodide of potassium, but remains uncured, although his face is smooth for several weeks at a time. His health otherwise is apparently good.

Not feeling quite sure of the remedy, I left a blank powder and went home to consult my books. My thoughts were at first directed to Kali hydr. and bich., but the selection was not determined—although I made a pretty thorough, rapid investigation—until I referred to Dr. Lippe's article on *Kali bich.*, in Vol. I., p. 21, of the Hahnemannian Monthly. There, I thought, I found the nearest known similitum, both as to subjective and objective symptoms.

“At the entrance of the external meatus of the left ear appears a swelling of a slightly inflammatory character; it was more irritating than painful, and disappeared again in four days.”

“Violent stitches in the left ear, extending into the same

side of the neck." (With other extensions of pain which were wanting in this case.)

"The right ear seemed closed."

"While walking, twice a dull pain through the external meatus, extending into the internal right ear."

With as little delay as possible Kali bich. 2<sup>o</sup> was administered, and within one hour the pain was considerably less, and continued to diminish steadily, so that after a little more than two hours (at about 10 P. M.) the patient, who had not slept the night before, fell asleep and had a good night's rest. The next day the pain not having entirely disappeared, received a few more pellets of the same, and was soon relieved.

There was no further trouble until a week afterwards, when the swelling in the left ear, having reached the size of that in the right, she was attacked with similar and as violent pain in that ear and was as promptly relieved by the same remedy.

The day after the pain was relieved in the case of each ear, there was a slight, yellowish, thin discharge from within the meatus like thin cerumen. The swellings did not appear to collapse in any degree or to lose their firmness, and they very gradually diminished in size during more than a week, when they disappeared.

## DOES OUR FOOD GENERATE OR TRANSMIT DISEASE?

BY BUSHROD W. JAMES, M. D.

Read before the Philadelphia County Medical Society, February, 1868.

One of the greatest mysteries that the human mind is called to reflect upon is the fact that the life of one class of the animal creation is so frequently dependent upon the death of another, and the consumption of the tissues of the latter by the former for food. Nature forms a class of animals with organs adapted for the destruction of another class, and likewise furnishes digestive functions suited for the purpose of digesting animal tissues. Man is formed with teeth, which seem to be given him for the use of tearing and masticating such a form of diet, while his digestive and assimilative functions are likewise suited for its reception into the system; the views of the vegetarian to the contrary notwithstanding. It certainly seems rational that mankind, being furnished with all the requisite organs and functions for this purpose, should obtain and use animal food of such quality and in such quantities as will afford him the proper vigorous sustenance of the life which his Creator has given him. Mankind everywhere does so, as if the desire therefor was implanted in his nature. But, does he always select the most cleanly kind of animal to slaughter for his wants? and not only so, but does he always consume meat of animals entirely free from disease? I do not refer to meat decomposed by long standing after being killed; for that becomes a poison, and produces a specific toxicological effect; but flesh of animals that have had either acute or chronic disease in the system before life is taken by the butcher. Have we any reason to doubt that the lower animal creation are free from constitutional diseases, if not the same, probably of a somewhat analogous character to the scrofula, psora, carcinoma, and even syphilis, found in the human species? Is it to

be supposed that they are less liable to disease than ourselves, because they cannot express to us their sufferings and afflictions?

We are aware that trichiniasis, although of a parasitic character, can be produced in man and many other animals by consuming the muscular tissue that contains the trichinæ. We know that the glanders can be communicated to man by the slightest touch of the affected horse, yea, even by breathing of the expired air from the animal's nostrils. How much more easily, therefore, can disease be generated by taking into the system as food diseased meat? How many thousands of tubercular oxen, or how vast the number of inflamed livers of calves or cows or pigs, or how great a quantity of diseased beef-tongues are consumed by communities, or how many contaminated cod-livers are used in the manufacture of cod-liver oil for the haggard and dying millions, no one can estimate. Probably, no one ever saw a sick codfish; but it will not do to assert that this, or any other kind of fish that we use as food, is exempt from disease.

I have noticed, upon three several occasions, that in the spring of the year, when the shad-fishing is going on in our Delaware river, and this fish is brought to our market, that when an excess of coal oil or coal tar is floated down the river, by reason of a freshet or otherwise, the fish take a sufficient quantity of it into their system to render them unfit for table use; the distinctive coal-oil or tar taste being so rank and so perceptible in the cooked fish as to make them too nauseous for eating. Now, if this *one* article is so plainly demonstrated to be taken into the system by the fish, may we not likewise conclude that a portion of the vast quantity of filth and decomposed animal and vegetable matters that are hourly being poured into our rivers from the sewerage of the cities located on them is taken up by the fish caught therein; and many of these fish, being used as articles of food, convey to the human stomach and the very portals of vitality poisonous germs of disease, both of the acute and chronic form, which may probably become more

potent and more unconquerable than the renowned psora, to which the illustrious founder of Homœopathy called the attention of the medical world. It is a noticeable fact that some seasons the oyster from some localities is not at all a wholesome article of food, and then almost invariably causing sickness if eaten. How can we account for this fact other than that there is an epidemic disease among them, and that a disease in the oyster transmits disease to man who consumes them?

But let us not stop at the animal kingdom. How many fruits and vegetables do we consume in which the larva of poisonous insects or worms lie imbedded? And may not many of these resist the influence of the gastric juice and the digestive function, and become, by the natural heat of the body, developed into troublesome parasites, or engender, in some manner, obstinate diseases or annoying symptoms which our ordinary remedies fail to remove, although corresponding closely thereto? Look under the microscope at a trifling speck of mould, from bread or cheese or any other article of nourishment, and a whole *forest* of active vegetation is presented to the eye. Now take a quantity of this into the system along with the food, even cooked or untouched by heat, and is there evidence enough on record to positively assert that the vitality of all this mould-growth is destroyed by the heating process it has undergone before entering the stomach, or by the digestive action it may be subjected to therein or thereafter? I am inclined to the belief that this fungi, as well as the decayed parts of such articles as apples, peaches, plumbs, pears, &c., some of which is very likely to get stewed up with the sound portions of the fruit, are very prolific sources of morbid actions in the human organism. We are aware that vegetable life can exist in one form in the arctic snow, as well as in another form in boiling water; and we have no positive assurance that the influence of temperature, either heat or cold, invariably destroys the active principle contained in them. Being introduced into the human system, they are therefore none the less likely to be the cause in producing disease than the attenuated drugs are the cause in effecting a cure of disease.

Now, what mode of treatment is proper and justifiable in managing cases where these parasitic diseases exist, or where there is present in the alimentary canal *tænia*, *tricocephalus*, *lizards*, *lumbricoides* or *ascarides*, &c.? How must any living object, or, we might say, living mechanical difficulty, be removed from the body?

## IS THERE SUCH A PRINCIPLE IN THE ACTION OF DRUGS AS ISOPATHY?

BY GEORGE R. STARKEY, M. D.

Read before the Philadelphia Medical Society.

This question is not started as one of speculation, but as one the consideration of which may elicit something of practical value.

Were this put into the shape of a formula:—*eadem iisdem curantur*—(the same are cured by things identical), and it should be asked whether that expresses the law of cure, or a law of cure, no one I presume would hesitate to answer it in the negative. So far as we know, no drug will produce a disease identical with any natural disease. Neither has any one, that I know of, ever claimed for the so-called Isopathic remedies such peculiar action.

That some of these remedies, that seem not to belong to the category of Homœopathic remedies when applied to the cases for which they are recommended, do nevertheless act kindly in the hands of the physician, is pretty well established. But without doubt there are some honest homœopaths, who fearing that by so doing they would be giving countenance to some interloper upon the domain of similia, have refused to give credence to their efficacy. Is it not possible that they are thus depriving themselves of some valuable auxiliaries in their contests against disease, merely because they doubt the friendliness of the flag under which these forces muster? In a few words, then, let us challenge these comers and make them declare whether they are for us or against us!

I think the term "*Isopathy*" an unfortunate one; for it is expressive of a supposed, distinct principle of action in the organism. But while there is no such action as the expression implies, there is undoubtedly an action which might have been expressed by a similar word, if need be; but which action is only a *modification* of the law of cure; *similia simili-*

*bus curantur.* Nature's laws are few and very simple; but the modifications of them are indefinite in variety and extent. Philosophers recognized the law of gravitation, that bodies approach each other in right lines, &c., long before Newton discovered that the planets move in orbits which are ellipses in obedience to the same law. Thus the almost circular motion of the heavenly bodies is only a modification of the law, that bodies approach each other in right lines.

There is one class of these remedies occupying debatable ground, which I do not propose to consider: I mean the morbid products of specific diseases. My individual opinion is, that in this field there are grains of valuable truth, mixed with much chaff, but I do not presume to winnow it.

But there is another class which I think we may legitimately use—nay, *must* use, if we would do the best for our patients, and still be orthodox homœopaths: I mean those drugs which are liable to be given by Allopaths to the extent of producing veritable drug diseases, *when used* to cure those same diseases.

So far as my acquaintance with books and physicians goes, patients who are suffering under maladies induced by long continued use, or rather misuse, of mercury, quinine, iodine *et id omne genus*, are treated almost exclusively by such medicines as are considered antidotes to the drug, the misuse of which has caused the given disease. Clearly, this is good practice, so long as we have reason to suppose that any of the drug remains in the stomach; or indeed so long as any of its particles may be supposed to be lurking in the tissues. But this is not homœopathic practice! nor yet is the practitioner a physician, but a chemist. And the quantity of the drug given must be sufficient to neutralize the whole of the offending drug, else it so far falls short of being an antidote.

But supposing the material *causa morbi* has been removed from the organism, either by being antidoted or by being eliminated by the combined efforts of the absorbents and excretories, the *drug disease* still remains. There is a disordered dynamic action, to cure which is the legitimate busi-

ness of the physician. The drug has laid its withering grasp upon the organism and departed; but the withering influence still operates. Now the physician must apply that remedy which is most homœopathic to the disease. And what substance will produce a disease so nearly akin to its own diseased action as the drug itself? This is not Isopathy; for no drug can produce the identical set of symptoms in two different individuals, nor yet in the same organism at two different times.

I am aware that this feeble attempt at philosophizing may be the sheerest hypothesis, and yet it may not affect the practical value of the proposition enunciated.

During my first year's practice, while I was a single-handed pioneer and was considered an invader of the wilderness domain of Allopathy, I had a severe case of hydrargyrosis. The man was forty-five years old. He had been repeatedly under long-continued mercurial treatment, for rheumatic fever. His teeth were naked nearly to the alveolar processes, and all loose. He had other and big tracks of the monster that had trampled upon him,—I do not mean the doctor. For a half year he had suffered from a distressing diarrhœa, colliquative in its character, and which he had tried in vain to check in any degree. He had given up all business, and in fact was settling up his affairs and preparing for the final event. After using *Carbo veg.*, *Ars.*, *Nit. ac.*, *Hepar*, etc., some of which seemed to cover the symptoms admirably, giving them a fair trial, and with no apparent effect, I then gave the 3d trituration of *Merc. s.*, (why, I can't tell, save that in my innocence I surmised that the case called for it by the totality of its symptoms,) when a very speedy relief followed. He got well on *Merc. alone*. In two months he went about his work, which was very laborious, he being a stone and brick mason. During the first year following, he would have occasional attacks of diarrhœa, which never failed of being cured in from two to seven days, by *Merc. alone*.

About the second year, being at work away from home in a city, he had the misfortune to contract syphilis, for which

he was treated with calomel to severe salivation. He came home completely prostrated. After treating him less than a week with antidotes, I again resorted to Merc. 3, and promptly cured both syphilis and salivation. This was my first experience, and perhaps the most marked of not a few similar cases.

Who does not know that the sequelæ of coffee are best met by *Coffea cruda*? That the bad affects of over-indulgence in drinking are most promptly removed the next day by a small quantity of the same liquor? Infants long used to laudanum and paregoric, in my hands have found prompt relief from opium.

I do not mean to say that these drug diseases cannot be perfectly cured in some cases without resorting to the use of the drug that produced the disease. Nor that the same drug will cure all the ills which one may happen to have after he has been once poisoned by a drug. But I firmly believe that many of those cases will remain longer under treatment than they need to, if the physician eschews the aid of the drug in infinitesimal doses, which in massive doses produced the disaster.

If I shall have removed from the mind of any the apprehension he may feel about the use of this class of remedies, because they happen to be marshalled under the banner of *Isopathy*, I am amply rewarded.

## NEW PUBLICATIONS.

**THE VENEREAL DISEASES; Their Pathological Nature, Correct Diagnosis, and Homœopathic Treatment.** Prepared in accordance with the author's own, as well as with the experience of other Physicians, and accompanied with critical discussions. By G. H. G. JAHR, M. D. Translated, with numerous and important additions from the works of other authors and from his own experience, by CHAS. J. HEMPEL, M. D. New York: Published by Wm. Radde, 550 Pearl St. Philadelphia: F. E. Boericke, 635 Arch St. 1868.

In addition to the descriptive nature of the title of this new and very important work, the following extract from the author's preface will enable our readers to form some idea of his qualifications for what he has undertaken, and in consequence to read with careful attention the results of his extended experience and wide range of study:

"I have deemed it preferable to condense in one volume all the noteworthy facts concerning Syphilis which I have been able to gather during the last twenty years, both in my own private practice and from the study of a variety of the most reputable works. In offering this volume, my special aim has been to furnish the busy practitioner of our school, who has not time to verify, in such cases as may fall under his notice, the correctness of the observations contained in our Manuals, by comparing them with upwards of a hundred original works, a treatise where he finds condensed and critically considered, in as brief a space as possible, every thing noteworthy that the authors of those works have written on the pathological nature, diagnosis, and course of venereal diseases, but where the cures of these diseases, reported by our own authors, are likewise subjected to a careful review and analysis. In one word, what I designed to accomplish, in arranging this work, was to place the practitioner in possession of a guide, both intelligible and trustworthy, that should lead him, without much useless trouble, through the still comparatively unknown domain of Chronic Syphilis, and render a knowledge of this disease, even under its most hidden forms, as easy as that of primary gonorrhœa, chancre, bubo, and sycotic condylomata."

An important doctrine is involved in the advice given in

the following words: "It is indeed *possible* that one or the other remedy which produces *similar anatomical changes* may likewise prove curative against *syphilitic alterations of tissue*; but we can only depend with certainty for curative results upon remedies which, like *Merc.*, *Nit. ac.*, *Thuja*, *Cinnabar*, *Lycop.*, and the like, not only cover with their symptoms the functional derangements of single organs, but correspond to the totality of the syphilitic process; and, since this correspondence of their total characteristics to the totality of the syphilitic process is very frequently difficult to determine *a priori*, we feel bound to advise beginners to depend upon *well-tried* remedies, before they undertake to use drugs that only enjoy a theoretic recommendation; or, guided by a few more or less hazardous therapeutic conclusions, to look for other remedial agents in some general repertory."

Our author here affirms, and we think with truth, that a remedy, in order to cure a Syphilitic patient, should not only cover the objective symptoms, but should also correspond to the syphilitic *genius* of the case; that is, correspond in its own nature as a medicine to the profound *physio-pathological* deviation from health which we term Syphilis; and that this *genius* or nature of the medicine is made known to us *by pathogenesis AND clinical experience*. For here, as in many other ultimate forms of disease, we are compelled to look to such experience in order to eke out our imperfect knowledge of the dynamic healing powers, even of the very best proved remedies.

Into any extended examination of the merits of the present work of Jahr we will not attempt to enter, nor is there need. For when we recall the unusual and very extended opportunities which the learned author has so long enjoyed for making himself thoroughly and practically acquainted with the various forms of venereal disease, and note with what fidelity he has ransacked the entire field of medical literature and gleaned from it whatever was valuable, and bear in mind his already proved, great ability, we may well take it for granted that he has furnished an exceedingly valuable treatise on a most important and difficult branch of general practice.

In one respect we are quite sure this work will do much good; it is certain to come into the hands of a great majority of the profession,—many who buy books on no other branch of Homœopathic practice being eager to secure any on this;

and the precise descriptions of the various forms of venereal disease which it furnishes, and the corresponding indications for the medicines (so far as they can now be given) will greatly aid the practitioner to individualize his cases of this kind, and so to make his cures at once more promptly and more radically. Some important remedies we see are omitted—as *Daphne indica* in gonorrhœal Rheumatism; and *Jacaranda caroba* in Syphilis—but these can easily be supplied in another edition.

The profession are under renewed obligations to Dr. C. J. Hempel for the very faithful manner in which he has performed the laborious task of rendering Jahr's obscure German into intelligible English—as well as for his own additions to the work itself. If some of these latter savor of Eclecticism rather than of Homœopathy (see some of the crude treatment, by injections, &c.,—advised for gonorrhœa), the student will have the greater advantage of comparing in theory, and in practice too if he so choose, the different modes of treating this troublesome affection. We have long been of the opinion that the greatest obstacle to a rapid cure of patients thus afflicted, is due to their unwillingness or inability to follow the proper advice as to *keeping quiet* and *observing a strict diet*; and we are satisfied that when these requisite indications are secured, such patients may be as rapidly cured by strict Homœopathic treatment as any others; and far more thoroughly than by any other method.

F.

## MEETING OF CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

HELD AT AUGUSTA, *January 21st, 1868.*

The President, Dr. PAYNE, in the chair.

Dr. THOMPSON reported a case of wound of the hand, followed by inflammation of the lymphatics of the arm, not relieved by Bell. 3d internally, but soon dispersed by an ointment of Belladonna extract and lard, equal parts, applied to the swellings; also a case of milk-leg; and offered the following remarks, concerning the subject of dose:

"I have found it hard indeed to devote any time to the broad theme furnished me by our honored President.

My experience can best be given by making clinical reports, two of which, of recent date, I have already given you, and very many others might be furnished, but the thought suggested is, that they are commonplace, and such as we all are experiencing every day, and upon the whole, attended with a success that is highly gratifying. We are constantly seeing the Diphtheritic membrane dissolved by Iod. of merc. or some other well chosen remedy—acute, and fearfully threatening inflammation of the brain, suddenly subdued, and safely conducted under the influence of Ac., Bell., &c.—that fearful disease, croup, beautifully cured by Spo. H. S. Brom, T. E., &c. Pneumonia is in a great degree shorn of its terrors since we can discard those huge Dover's powders, and the many and damaging expectorants that are so frequently used. Even Phthisis, in its early stages, we may hold at bay by the use of Sil., Stan., &c., and statistics are abundant in evidence of the truth of the *law of similia*, in the treatment of all diseases to which flesh is heir, and that by drugs in the attenuated form, and yet it would be saying too much to state that we had reached that high point of excellence that would not admit of improvement. Are we not forced to witness failures, either from the want of efficiency of our treatment, or from the malignancy of the disease, or perhaps the patience of our patients may be exhausted, and they flee to our old-school brethren, and get speedy relief?

One of the great duties of the medical man, I conceive to be, to divest his mind of prejudice. That there are cures by those who discard our law for the administration of medicine, we will not deny; but while acknowledging this, we are of the opinion, that so far as they are made, they are upon what we hold to be the "true principle." It is really wonderful how unwittingly they corroborate the law of cure in the cases they report; and when we know that they effect many and permanent cures of diarrhoea, with Sulph. acid or the sweet tinc. of Rhu., and dysentery with the mercurial preparations, &c., we say that is all right, Mr. Regular—that is just what we might have done—only you have yet to learn how small a part of your crude drug developed into its highest utility may do the work, and never give the patient a chance to say the "remedy is worse than the disease."

And I would suggest, that possibly Mr. Irregular *may* learn that palpable doses, well chosen, may be absolutely demanded; such at least has been my experience in regard to some of the most valuable remedies in use by "our school," and I think we should ever keep in

mind that the term Homœopathy is not synonymous with infinitesimal, but with enlarged views we should seek the best results in the whole range of attenuations."

A letter was read from Dr. CLARK, of Portland, in response to a request for a clinical contribution, detailing a successful case of amputation of the arm at the shoulder, after a gunshot wound. The operation was performed immediately, without waiting for reaction.

Dr. BELL read a paper entitled "Some Thoughts on Expedients." On motion of Dr. BRURY, it was voted that it be published.\* Following this was some desultory discussion on alternation, during which Dr. PAYNE remarked: Physicians alternate daily, without any reason. Let the true ground of alternation be understood, and its general and common form will disappear. Wholesale alternation is a miserable practice; but the way to get rid of it is not to deny the possibility of the necessity of alternation in any case, but to have the matter settled upon a clear and well-defined law, which is this: Two chronic miasms existing in the system at the same time will never coalesce, forming one malady, but will both continue to exist until each is extinguished by its appropriate remedy. Two remedies will therefore be required, and may need to be used alternately. That this was Hahnemann's view will appear from the following citations. In the fifth edition of the *Organon*, in the foot-note to § 40, speaking of the complications of syphilis with psora, H. says: "The cures which I performed of such complicated diseases, together with the accurate experiments I have made, have convinced me that they do not arise from an amalgamation of two diseases, but that these two diseases exist separately in the organism, each occupying the parts most in harmony with it. In short, the cure is effected in a very complete manner by administering *alternately*, and at the proper time, mercurials and antipsorics, each according to its appropriate dose and preparation." (The italics are mine.)

On page 193, same edition, speaking of *intermittent* and *alternating* diseases, he says: "A greater part of them result from the development of *psora*, sometimes (but rarely) complicated with a syphilitic miasm. This is the reason," he continues, "that they (intermitting and alternating diseases) are cured in the first instance by antipsoric medicines, and in the second, by antipsorics alternating with anti-syphilitics, as I have stated in my treatise on chronic diseases."

On page 201, same edition, in the foot-note to § 246, in giving directions for administering the medicines, he recommends, in chronic diseases, where several doses of *sulphur* may be considered necessary, that, after each dose of *sulphur*, or every two or three doses, another remedy which, after *sulphur*, is particularly Homœopathic in the case (mostly, he says, *hepar sulph.*) be given, allowing it to exhaust its action, returning again to *sulphur*, and so on till the disease is removed, thus recognizing the principle laid down elsewhere in the *Organon*, and also in *Chronic Diseases*, respecting alternation.

On pages 113 and 114 of Hempel's translation of *Chronic Diseases*, Hahnemann, speaking of a trinitary compound of *psora*, *syphilis*, and *sycosis*, says in such cases the order of treatment is the following: "First annihilate the *psoric miasm* by the indicated *antipsorics*, then

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\* Published in the March Number of the Hahnemannian Monthly.

use the remedies indicated for *sycosis*, and, lastly, the best *mercurial preparations* for *sypilis*. These different orders of remedies," says Hahnemann, "are to be alternately employed, if necessary, until the cure is completed."

Dr. BERRY read a report on Dysmenorrhœa, with two cases, as follows: The kind of dysmenorrhœa presented at this time is membranous; characterized by the most severe pains through the uterine region, some bearing down, and depression of the vital forces. Before giving the cases, it is just to state that my attention was directed to the remedy used by reading Dr. E. M. Hale's "New Homœopathic Provings." In provings by women of the *Xanthoxylum fraxineum*, "the second woman, after taking ten drops of the tincture the first night, and twenty drops the next night, *the menses appeared next morning, being one week before the usual time; was attended with a good deal of pain.*"

"The third woman, taking twenty drops of the tincture five times in twenty-four hours, the menses appeared two days in advance of proper time, with a quiet flowing at first, followed by *dreadful distress and pain*, baffling description; profuse flowing; the pain (or agony) continued until noon of next day, when it gradually subsided."

Any one having seen a woman suffering with dysmenorrhœa will recognize a good picture in the above provings. The pain is well described by the word agony.

CASE 1st.—Miss N., aged twenty-six years, well formed, fair skin, dark eyes, brown hair; always enjoyed good health till two years ago, when she had a severe attack of diphtheria; since has not been as robust as before; and for some six months has suffered terribly at each menstrual period: at one time her friends thought her dying, and sent six miles for a physician, (as she resided out of town.) The 8th of May last I was called to see her; found her on the bed in an unconscious state, face pale, hands and feet cold, pulse at the wrist scarcely perceptible; learned from an attendant that it was her menstrual period, and that she was subject to some such sickness every month, and this day had complained of terrible pain until she became unconscious.

Put ten drops of the tincture of *Xanthoxylum* into a tumbler one-third full of water, gave her four teaspoonfuls; in ten minutes repeated the same; then waited quarter of an hour, and gave four teaspoonfuls more. In fifteen minutes from the first dose she opened her eyes, looked around, and spoke; at the end of half an hour she could converse cheerfully; said she was quite free from pain. Left directions to take the medicine every two hours if there should any pain continue. The next day she was up about the house. Directed her to take the medicine a few times during the month; and at the next menstrual period to take some of it as soon as the pain came on, if it should return. The next time the menses appeared with very little pain; and the following month without any, and there has been none since.

CASE 2d.—Miss L., aged twenty-two years, light skin, hazel eyes, brown hair, rather more than medium size and height; tendency to scrofula; when a child, the glands of the neck were enlarged for years; has always had some bad feeling and pain at every time the menses recur. The pains for a number of months have increased with each period till, to use her expression, "they are unendurable."

October 20th, was called in haste to see this patient. She said she

"could not endure such pain and live any longer." The pain was in the region of the uterus, attended with bearing down; the menstrual flow quite large, feet and hands cold, pulse small and feeble. Ten drops tincture Xanthox. in half a tumbler of water; a tablespoonful to be given every fifteen minutes till the pain abated. At the end of half an hour, the pain had subsided so that she could sit up and engage in conversation as mirthfully as ever. The following day she was out as usual. When the next month came round, there was only a little pain which a dose of Xanthoxylum soon checked.

In a third case, the past autumn, I gave the same medicine with good results.

Dr. PAYNE said he had used Xanth. in dysmenorrhœa with some prompt and remarkable results; but for want of definite indications, had given it in other cases without effect. Is unable to give any characteristic symptoms for the remedy, except perhaps that the agony is extreme.

Dr. BERRY proved it on one person, in the tincture, causing *severe backache before the menses, which came on a week too soon, and were followed by canine hunger, which eating did not relieve.*

Dr. PAYNE related an interesting case, as follows:

The case came into my hands from Allopathic treatment, two weeks after confinement. At that time the friends despaired of recovery, and little or no encouragement was given by the attending physicians. Profuse and exhausting diarrhœa had continued for two weeks, restrained somewhat by *Dover's Powders*, injections of *Laudanum*, *Copaiva* and *Gum Arabic*, with *lime water* internally, with a sprinkling of *Blue Pills*.

Passing over the history of the case, I come to the symptoms, as when I took charge. Diarrhœa as above. Tongue, the whole inside of the buccal cavity, including the fauces, and as far down as could be seen, covered with a white skinny coating, with smarting, burning, a sensation of rawness, *peeling off in patches, leaving dark red sensitive places*; constant accumulation of tough, ropy, sour tasting saliva; with a feeling as if the throat and larynx were closed; rawness extending down to the stomach, with burning at the stomach rising upwards towards the throat, and frequent hiccough. After the use of several remedies, and no improvement in this condition of the mouth, throat and stomach, I found in the proving of *Taraxacum*, beginning at symptom 73 and onwards, a very exact picture of my case, and gave the 30th potency. Improvement immediately set in, and in two days the tongue and whole interior of the mouth assumed a natural appearance, and convalescence continued without the use of any other remedy.

Dr. SAVAGE reported the following case of intermittent fever. Mr. C., age 25. seaman. Light-brown hair; blue eyes; sick about four months under Allopathic treatment in Savannah and Boston. I treated him from Feb. 16th to Feb. 25th, with *Ars.*, *Nux.* and *Natr. m.*

March 5th, patient no better. Sent for me to call, as he could not come to the office as before. I now examined the case very carefully, and found the following symptoms: Vertigo during chills, yawning and stretching before and during the chills; violent thirst during the chills, and worse after drinking; no thirst during the fever or heat; suffers more during the chills; pain in the chest and small of the back; headache during the fever; face red and swollen; quick and oppressed

breathing during the fever; no appetite; chills and fever every other day, commencing at ten A. M., lasting some three or four hours. After returning to my office, and carefully examining several remedies, I concluded if there were any truth in "*Similia Similibus Curantur*," that Caps. was the remedy. I therefore sent him Caps.<sup>s</sup> to be dissolved in water, to take a teaspoonful every half hour, until the paroxysm passed off, and to take no more until the next paroxysm. This was on the third of March. March 5th, chills came on about 11 A. M., not so severe. March 7th, chills about 12 M., not so severe as the last. March 9th, very slight chill about 1 P. M. March 11th, no chill to-day; feels much better, and in a few days was out and about his business. Has had no symptoms since.

The Secretary then read the following report of Dr. F. W. PAYNE.

PHILADELPHIA, Jan. 6th, 1868.

*To the President and Gentlemen of the  
Central Homœopathic Association of Maine.*

In place of a report of cases from practice, which I was appointed to make to the January meeting of our Central Association, I have concluded to give you some of the characteristics of drugs, in connection with diseases of the skin, as pointed out by Dr. A. R. Morgan, Professor of Institutes and Practice of Medicine in the Homœopathic Medical College of Pennsylvania, and frequently verified by him in his Clinics at this School, hoping and believing that this will prove more interesting and instructive than any thing I could furnish from the records of my own individual practice.

*Aconite.* Inflammatory symptoms, thirst, anxiety. *Tingling in skin*, tossing about with impatience; *on rising up in bed, the red face becomes deadly pale.*

*Alumina.* Itching tetters, miliary crop on arms and legs. Creeping sensation in skin. Eruptions smart or bleed. Dry in morning, moist at night; not relieved by scratching; worse at full or new moon—periodically. Aggravation, while sitting in warm room; while urinating, and from eating potatoes. Amelioration, during moderate exercise in open air, on alternate days, and by cold-water. *The patient never smiles.* The skin feels bound, as if the white of an egg had dried upon it.

*Ant. crud.* Pustules yellowish or brownish; red, suppurating eruption upon face; burning, scurfy eruption, worse from washing and eating fat food. Eruption much like chicken-pox. Red vesicles with white tips in the middle. Very sensitive to cold air. Inclined to keep quiet, not to move.

*Ant. tart.* In ecthyma, the scab is surrounded by red areola, looks like small-pox, bleeds easily, falls off, leaving scar underneath of a brownish appearance; *very sleepy, drowsy, uneasy, fretful, don't want to be touched or looked at.* Thin pustules, which break and send out an ichorous pus, which corrodes the skin and spreads. Gnawing, itching eruption, worse at night. Vesicles have a red, itching areola. Pustules mixed with vesicles. Sleeps with eyes half open. Pustulous eruption, particularly on genital organs, crusts form on pustules, which, after falling off, leave red spots surrounded by brown elevated edges, filled with pus.

*Apis mel.* Redness and swelling of skin; puffed up; itching relieved by scratching. Eruption burning and stinging; aggravation by heat; relieved by cold water.

*Arsenicum.* Dry burning heat all over the body; itching aggravated from scratching, from cold and from milk; worse after midnight, drives the patient out of bed, *can't keep quiet. Always better from heat.* Always busy; in a hurry. Pains felt during sleep. Red pustules changing into ichorous, crusty, *burning and spreading ulcers.* Vesicular eruptions, turning black, with *burning pain*, at night. Great, sudden prostration, as soon as eruption comes out. Sensation as of subcutaneous ulceration. Face red and bloated, body emaciated. Thin brown streak running along the upper lip, at its junction with the lower one in fevers, nearly always indicates *Ars.* (Lippe.) Eruption slow in appearing, with burning heat. Pearl-like vesicles, burn at night. *Skin peels off, looking like fish scales.* Hairs within circumference of eruption fall off. *Burning carbuncles, with great desire for liquors.* Dr. Lippe says, this desire for liquors, in connection with burning carbuncles, should never be gratified without we want to see our patient a corpse within twenty-four hours; its nothing but suicide. Ulcers burning like fire, fetid, discharging but little pus, or coagulated blood.

*Aurum.* Suitable for old people; feel better in open air, even in rain-storm. Itching unchanged by scratching. Old eruptions of syphilitic character. Hypochondriacal.

*Bell.* Scarlet, diffused redness, burning and itching, restless, dilated pupils, jerking of the head, *worse from touch.* Humid eruption, with burning, shooting pains, when touching it.

*Baryta c.* Indicated in fat, phlegmatic old people; dwarfish children. Itching, burning and pricking, worse at night. Child does not want to play. Deficient memory. *Worse when lying on painful side. Better when walking in open air.* Indicated in hump-backed children. Great liability to take cold, which results in sore throat. Itching, gnawing about scalp and upper lip into nostrils, with a very red face.

*Bovista.* Itching when body is warm, not relieved by scratching. Blunt instruments make deep impressions in the skin (as from holding pen between fingers.)

*Borax.* Child feels frightened during a downward motion. Pustulous eruptions, worse in damp weather.

*Bryonia.* Eruption slow to appear, or not well developed, or goes back before getting well out.

*Calc. c.* Fat, pale, bloated, blue-eyed, scrofulous children. Eruption particularly on upper lip and cheeks; in whiskers of men. Upper lip swollen. Worse in open air, and from cold water. Patient feverish, *don't want to sleep.* Eruptions, with difficult dentition, moist and scabby in clusters, burning pain; head sweats at night.

*Carbo veg.* Very fine, burning, vesicular eruption, worse from warmth of bed and *in the dark*, affects principally the genitals and perineum. Suppressed itch, with burning all over the body. Pustules on or behind ears, confluent on face. Pustules yellowish. Honey-colored crusts on skin.

*Caut.* Melancholy, peevish, afraid to go to bed alone. Moist tetters. Tingling, itching eruption, scratching brings out the vesicles, which burn when scratched. Itching all over the body. Eruption, hard about the wrists and fingers. Coffee aggravates. Aversion to

sweet things; fresh meat nauseates; smoked meat agrees; greasy taste in mouth; wants cold water. Tendency to eruptions and convulsions.

*Conium.* Eruption moist and humid, becoming scabby, increased by scratching, pricking and shooting. Brought out by getting overheated. More suitable for old people. Aversion to company.

*Cicuta virosa.* Eruption, burning and itching, better from scratching, forms heavy, honey-colored, dry, yellowish crusts on scurf, especially on chin or about mouth. Suppurating eruption on scalp. Purulent eruption behind ears.

*Croton tig.* Red and inflamed about base of eruption, running together, forming a gray-brown crust, with stinging pains. Scabs fall off readily, but are replaced almost immediately (in one night). Bound, tight feeling of skin. After scratching, stinging, burning heat. Thick, heavy, yellow crusts, high up in nostrils. Stinging here and there, relief by *slight* scratching, not changed by hard scratching; on scrotum; worse after eating and drinking.

*Clematis erect.* Moist eruption, inflamed and red. Large-sized vesicles burst and form ulcers, burning and itching when touched. Itching caused by washing skin in either warm or cold water. Eruption after suppressed gonorrhoea. Eruption moist, unchanged by scratching. Always agg. of skin symptoms from washing and heat of bed.

*Creosote.* Humid eruption behind and on ears, with livid gray complexion. Scaly herpes on eyelids, cheeks and around mouth. Eruption on back of hands, called salt rheum; waking from sleep early in morning. Old salt rheum of years standing, violent itching towards evening, itching at night; worse in open air, on moving; better from warmth.

*Dulc.* Vesicular eruption on face, hands and feet, comes out in the cold air; always worse in cold weather; better from moving about in open (warm) air.

*Graph.* Eruption on face, scalp, chin and around mouth in females, with scanty menstruation. Eruption moist, easy suppuration. A corrosive serum runs from inflamed surface, burning when scratched; worse at night in warm room; better out of doors and when sweating. Soreness and rawness of skin, with sticky exudation. Perspiration on inflamed surfaces, standing out in drops, behind ears, bends of limbs, groins and neck. Every little hurt suppurates. Large vesicles, with nocturnal pains.

*Hepar sul.* Eruption moist, sensitive to touch. Suitable for persons of light hair, with swelling of glands; worse at night and from cold air, better from warmth. After scratching, burning, itching. White vesicles. Cracks and fissures on ball of hands. The slightest cause irritates him, and makes him extremely vehement. The eruption is *very sensitive*, and *feels sore when touched*. Vesicles around ulcers. Cold, clammy perspiration, worse on head and face. After abuse of Merc. Fetid sweat on back of hands, wrists, etc.

*Ignatia.* Perspiration only in face. The child wants to change its position every minute.

*Kali bich.* Suitable for persons of light hair. Pustules mixed with vesicles; worse on scratching, from cold, in morning and at noon. Better from warmth. Large vesicles full of serum, which becomes opaque, then large heavy scabs form. Scrofulous diathesis. Pustules accumulate about nails.

**Kali carb.** Dryness of skin, deficient perspiration, cannot sweat. Burning, stinging and itching of skin, painful as from subcutaneous ulceration. Eruption becomes moist from scratching it, mostly on abdomen and legs; worse from 2 to 3 A. M., when at rest, from becoming cold; better from warm bed, in warm air. Purple red chilblains.

**Lachesis.** Eruption humid, painful; worse after sleep. Blisters filled with blackish fluid, inflamed around the edges; attacks return periodically (every fortnight or spring). Discouragement, distrust, easily affected to tears.

**Ledum pal.** Dry vesicles burn when scratched, and in open air. Gnawing, itching like insects crawling under skin. Chronic and dry herpes on face and bends of knees; burn in open air; heat always aggravates.

**Lyc.** Gnawing, itching eruption, from right to left; worse from warmth, and from 4 to 8 P. M.; better from cold. Gnawing, itching in daytime or before lying down, appears on head, behind ears, face, etc. Excoriating secretion. Itching eruption of face, with elevated crusts.

**Merc. v.** Eruption dry; worse at night, in warm bed; better in morning; smart and bleeds when scratched. Eruption moist, with large scales on the edges, burns after scratching. Eruption like moist itch on hands, with violent nightly itching, *no relief from perspiration*. Itching of whole body, particularly at night. Eruptions bleed easily. Dry, stinging fetid eruption on head and temples, rawness of scalp, with falling off of hair, mostly on sides of head, with great tendency to perspire. Yellow scales on face, itching day and night. Fissures, cracks and ulcers in corners of mouth. Restless at night, continued moaning and groaning. Tettery excoriation in children, with soreness and rawness. Discouragement, distrust, easily affected to tears. Phagedenic blisters, worse after 9 P. M. Eruptions about nose, face and lips, bleed on being touched, worse at night.

**Mezereum.** Eruption worse when scratched; itching; shifts its position when scratched, but leaves a burning pain; worse from contact; (better from contact, *Thuja*); better in open air; appears very often in children behind ears.

**Natrum carb.** The eruption is in yellow rings, found on hands, fingers, elbows, and around the nails; better on motion, pressing and rubbing.

**Natrum mur.** Many eruptions, accompanied by shooting pains; worse after exercise; worse from changing from cold to warm. The eruption is in bends of knees, or within vermilion border of lips.

**Nitric acid.** Especially suitable for lean children, with dark complexion, black hair and eyes. Milk is not digested. When mother or child has been poisoned by Merc. Eruption mostly on thighs or genitals.

**Nux vom.** Ulcers with very little discharge; painful eruptions; thirst predominates during cold stage; worse after dinner and in the sun's rays; also after eating; aggravation out-doors and when lying on right side.

**Oxalic acid.** Itching begins, but is worse when thinking about it.

**Oleander.** Gnawing, itching, burning when scratched; redness and excoriation behind ears.

**Phosphorus.** Eruption oval and dry in slender persons; eruption bleeds easily and excessively when scratched; polypus bleeds much;

old scars break open and bleed freely; vesicles about joints; measles and scarlet fever with pyalism.

*Petroleum.* Heavy scabs, which fall off, leaving a brownish yellow appearance of skin underneath; itching sensation in skin; tendency to ulceration; worse from a walk in open air; better from warmth and warm air; weakness; aversion to open air; don't like to move.

*Psorinum.* Low-spirited, despairs of ever getting well; *intolerable itching from getting warm in bed; scratches himself till he bleeds. Chronic cutaneous diseases, with myriads of lice in the head.*

*Pulsatilla.* Burning, prickling, itching; worse at night in a warm room; better from cold air and from lying on painful side.

*Rhus tox.* Vesicular eruption, burning and itching; makes its appearance mostly on parts covered with hair; worse from rest; better from scratching and moving about; restless, which does not permit one to sit or lie quiet; inclined to lie on belly. Vesicular eruption, which forms scabs, worse or only comes on each autumn or winter, and disappears in spring; worse from exposure to cold.

*Ruta.* The skin becomes easily chafed from walking and riding, in adults and children.

*Secale corn.* Swelling of tongue; gangrenous, blood vesicles on it; black, gangrenous sloughs, with fetid pus.

*Squilla.* Eruption sero-purulent, burning, itching; worse from motion; better from quiet; angry over trifles.

*Sepia.* Large pustules on hands, surrounded by inflamed base, between fingers and palms, suppurating and excoriating; very sensitive to touch. Brown tetter-like spots on the skin, chest and abdomen; itching on whole body, changing to burning when scratched; humid places in bends of limbs, particularly on elbow joints, dry, moist or scabby; better from warmth; excoriation of nipples; perspiration more *after* than during exercise. The eruption is often circular in form, like ring-worm.

*Sulphur.* Itching all over; scratching succeeded by soreness; also on joints; skin cold and dry; *great aversion to being washed*; complaints on left side from abuse of Merc. or China; agg. on getting warm in bed; must get out to cool off. Children want to be moved often; will not remain in one place but for a short time. Suppressed old chronic eruptions; in all parts burning, itching, red, irregular spots; greenish hue of skin, or yellowish, with small, itching eruption, with red areola; dry, cold skin; has to put feet out of bed on account of heat; hot flushes; sensitive to wind; excoriation of different parts; ulcers, crusty, prickling, pulsating, offensive pus from them.

*Silicea.* Herpetic erup. on genital organs, with intense itching and burning on prepuce and scrotum; eruption, with crawling or shooting pains, found in whiskers and on lips; egg. from cold and from getting wet; better from warmth and wrapping up warm; rose-colored blotches; shooting, itching over whole body.

*Staph.* Moist eruption, worse from scratching, or the itching changes its locality; patient is restless, impatient; wants things, but throws them away violently; tingling as of insects crawling in skin.

*Sulph. ac.* Eruption more moist than dry; symptoms come on gradually till they become very severe, then cease suddenly; red, itching spots on tibia; worse in A. M. and evening, and in open air; also when smelling coffee.

*Selenium.* Great forgetfulness when awake, with distinct recollec-

tion during half sleep; itching on and between fingers, wrists, palms, and ankles, with prolonged oozing after scratching; agg. in sun's rays and after sleep; better from warmth.

*Thuja.* Eruption like variola; shooting in skin at night, mitigated by touch; itching pimples between eyebrows; suppurating eruption on knees; eruption after suppressed gonorrhœa; better after being slightly rubbed.

*Viola tric.* Often cures crusta lactea; odor from eruption like cat's urine; pustules and scabs on face; burning and itching at night.

Adjourned to meet at Waterville, Tuesday, April 21st, at 7 P. M.

JAMES B. BELL, *Secretary.*

## PENNSYLVANIA

### HOMŒOPATHIC MEDICAL SOCIETY.

In the March issue of the Journal we published the card of the Recording Secretary of the Pennsylvania Society announcing the forthcoming annual meeting at Harrisburg on the second Tuesday in May.

As seasons of pleasure, these annual meetings are duly appreciated by those physicians who are in the habit of attending them. A few days torn from the wearying cares of professional life—usually just before the commencement of the sickly summer season—fill the soul with freshness, strengthen the body, and invigorate the mind; and it is only surprising that so few, comparatively, avail themselves of the opportunity afforded.

Apart, however, from its usefulness in this direction, the annual meeting of a State Medical Society, *should* amply repay those who attend by valuable information there obtained and imparted.

That this may result, the physicians of the State should take a lively interest in the Society, and manifest that interest by their presence. The Committees to whom medical subjects are intrusted should do their utmost to make their reports, though short, yet full of interesting and valuable matter, and to have them ready in due season, and a carefully-prepared order of business should be strictly adhered to.

When these conditions are fulfilled, then a State Society will be a valuable instrumentality in the progression of medical science. We hope to see a large attendance at Harrisburg in May, so that the spirit that is now stirring in Homœopathy may not even *seem* to be not yet awakened in the great commonwealth of Pennsylvania.

## PHILADELPHIA

## HOMŒOPATHIC MEDICAL SOCIETY.

The March meeting of this Society, held on the 19th inst., was very well attended. The President, Dr. RICHARD GARDINER, in the Chair. ERNEST FARRINGTON, M. D., proposed for membership by Dr. H. N. MARTIN, was duly elected.

Dr. S. S. Brooks called the attention of the Society to an unusually fine and beautiful specimen of the *Scilla maritima* in full bloom, which he had had placed on the Secretary's desk.

Remarks as to the usefulness of the *Scilla* as a remedy were made by Drs. Brooks, Williamson, and Martin, conceding its very great usefulness in short, dry, almost incessant cough, particularly if accompanied with urinary symptoms, such as pressure on bladder by coughing, with emissions of urine.

On motion, the thanks of the Society were extended to Dr. Brooks for his consideration and courtesy.

Nominations for officers, to be voted for at the annual meeting in April, were then made.

There being no regular paper announced, Dr. JACOB JEANES, Chairman of Board of Censors, proposed the following subject for discussion: "Would Homœopathic physicians do right to encourage the use of medicines prepared by secret methods unknown to the profession?"

This question gave rise to an animated and interesting debate, in which what is known of the methods of preparing the various "high potencies" was evolved, with particular reference to the method of preparing the "Fincke High Potencies." The discussion was taken part in by Drs. Jeanes, Williamson, Richard Koch, J. C. Morgan, H. N. Martin, Dudley, Brooks, McClatchey, and others. The Society was nearly unanimous in condemning the secrecy maintained in the preparation of "high potencies."

Adjourned at half-past ten o'clock.

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MASSACHUSETTS

## HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-eighth annual meeting of this Society will be held in the Meionian Hall, Tremont Temple, Boston, on Wednesday and Thursday, April 8th and 9th proximo. We have received the circular containing the proposed order of business to be observed at the meeting of this body, and cannot refrain congratulating the members on the prospect before them of having an interesting and useful meeting; or from complimenting our brethren of the Bay State on their complete organization and the careful, methodical arrangements of business observed in their Society. It is by attention to these important points that the full success of such organizations is alone to be attained.

## AMERICAN INSTITUTE OF HOMŒOPATHY.

THE TWENTY-FIRST ANNUAL SESSION will be held in St. Louis during the first week in June, 1868.

The *preliminary meeting* will be held on Tuesday evening, June 2d, at 8 o'clock, for the formation and renewal of fraternal relations, and for the purpose of transacting such necessary business as will expedite the organization of the session of the Institute.

The regular session will commence on Wednesday, June 3d, at ten o'clock, and will continue three days.

On Wednesday evening, the Address will be delivered by Henry B. Clarke, M. D., of New Bedford, Mass. *Alternate*, William H. Watson, M. D., of Utica, N. Y.

Reports will be made by the following Bureaus:

*Materia Medica, Pharmacy and Provings*—Drs. Conrad Wesselhoeft, Harrison Square, Mass.; Walter Williamson, Philadelphia; Wm. E. Payne, Bath, Me.; E. M. Hale, Chicago, Ill.; Samuel B. Barlow, New York.

*Clinical Medicine and Zymoses*—Drs. Henry D. Paine, New York; S. M. Cate, Salem, Mass.; D. H. Beckwith, Cleveland, O.; P. P. Wells, New York; J. C. Burgher, Pittsburg, Pa.

*Obstetrics*—Drs. Henry N. Guernsey, Philadelphia; J. C. Sanders, Cleveland, O.; J. H. Woodbury, Boston, Mass.; Reuben Ludlam, Chicago, Ill.; Tulio S. Verdi, Washington, D. C.

*Surgery*—Drs. Wm. T. Helmuth, St. Louis; Jacob Beakley, New York; Gaylord D. Beebe, Chicago, Ill.; E. C. Franklin, St. Louis; George F. Foote, Philadelphia.

*Organization, Registration, and Statistics*—Drs. Henry M. Smith, New York; Horace M. Paine, Albany, N. Y.; Bushrod W. James, Philadelphia; Wm. F. Jackson, Roxbury, Mass.; T. Cation Duncan, Chicago, Ill.

*Physiology*—Drs. J. H. P. Frost, Philadelphia; O. Vastine, Trenton, N. J.; S. P. Wilson, Cleveland, O.; H. P. Gatchell, Cleveland, O.; J. J. Mitchell, New York.

*Hygiene*—Drs. Carroll Dunham, New York; George E. Shipman, Chicago, Ill.; T. G. Comstock, St. Louis, Mo.; J. H. Pulte, Cincinnati, O.; C. W. Boyce, Auburn, N. Y.

*Anatomy*—Drs. T. F. Allen, New York; John O. Morgan, Philadelphia; H. C. Allen, Cleveland, O.; Melville Bryant, New York; Jabez B. Holtby, New York.

*Committee on Medical Education*—Drs. John C. Sanders, Cleveland, O.; George S. Walker, St. Louis; Stephen R. Kirby, New York; Daniel Holt, Lowell, Mass.; D. S. Smith, Chicago, Ill.

*Necrologist*—Dr. Henry D. Paine, New York.

It is requested that communications pertaining to either of these Bureaus or Committees should be forwarded to one of the members thereof before the 20th of May.

Homœopathic physicians wishing to become members, can obtain blank applications of the General Secretary, which they are requested to return to him, properly filled, before May 15th, or to the President, William Tod Helmuth, M. D., St. Louis, before June 1st, 1868.

It is important that all Homœopathic societies and institutions should be represented by delegates in the following proportion :

. Associations of more than fifty members from different States, *two* ; State societies, *two*, with one additional for every twenty members ; county or local societies, *one* ; colleges, hospitals, dispensaries, and medical journals, *one* each. When not otherwise appointed, local societies are authorized to appoint delegates for Homœopathic institutions.

This will probably be a large meeting of the Institute, and it is hoped that every member will make a special effort to contribute something to its value and interest.

I. T. TALBOT,

*General Secretary,*

Boston, Mass.



T H E

# HAHNEMANNIAN MONTHLY.

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## RECENT HOMŒOPATHIC LITERATURE.

(Continued from page 408.)

BY J. H. P. FROST, M. D.

"Knowest thou *yesterday*, its aim and reason?  
Workest thou well *to-day* for worthy things?  
Then calmly wait *to-morrow's* hidden season,  
And fear not thou what hap soe'er it brings."

"ART is long; time is brief; opportunity often wanting; experience uncertain, and judgment difficult." These sublime words of the Father of Medicine are forcibly brought to mind in attempting a *comparative review* of the recent works on *Homœopathic Practice*. Here, as in the department of the *Materia Medica*, what has been accomplished but seems to show only the more manifestly how much yet remains to be done. And the same freedom of expression which characterised our former article will be employed in the present; while nothing can be farther from our intention than to wound the feelings of any author. In this respect we may ourselves make some little claim to kindred with those who have suffered from unsparing criticism; for we have not escaped so entirely unscathed, but that we may exclaim with the glorious old Roman:

*Haud ignari malis, disco succurrere miseros.*

Under the general designation of works on Practice, may be comprised all the volumes whose titles were given in our previous article, and which were not there considered. The great object of all these various works on Homœopathic Practice,—and in this category we include as well the treatises on Surgery and on Obstetrics, which are named in our list,—is in the first instance to give some account of the indications to be fulfilled, that is, of the difficulties to be overcome, or the disorders to be cured; and in the second instance to furnish the corresponding pathogenetic or (empirical) clinical indications for the selection of the remedy. The former part of this object will be answered then by a sort of *Pathological Treatise*; while the latter can only be secured by setting forth the *Materia Medica* itself, so far as appropriate to the particular theme under consideration. And we trust the remark will not be regarded either as too sweeping or too severe, when we state our opinion, that the former (Pathological) indication has been fulfilled by these various authors with a great variety of excellence, and yet on the whole, in a tolerably sufficient manner; while the attempts to fulfil the latter (*Materia Medica*) indication have been attended with a most unfortunate and uniform degree of ill-success. That is, that each one of these works on Practice will be found characterised by a remarkable degree of insufficiency, as to the indications given for the choice of the Homœopathic remedy. If any exception were to be made to this remark,—which, of course, applies in various degree to the different works,—it should be the recently issued treatise of Jahr on Venereal Diseases; where the indications for nearly all the remedies suitable in such disorders, are given with great fulness in connection with their various forms. And if the author of the Surgery, now being published in this country, shall make such a corresponding contribution to the indications for Homœopathic medicines in these cases, as may be drawn from the studies and experience of our own physicians, there will remain very little to be desired

to enable even the inexperienced practitioner to treat such cases in their worst forms, with most satisfactory results to himself and to his patients.

And here we may as well subjoin all that in the present article need be said of Jahr's work, and of Prof. Franklin's. The Pathological description of the almost innumerable forms of chronic venereal disease, as given by Jahr, is not, we think, surpassed in accuracy and completeness by any allopathic author. In regard to the *Materia Medica* portion of the work, the more we examine it the better we are pleased with it,—especially since it points out the fallacies and disappointments which have attended the use of remedies proposed on hypothetical grounds alone, in disorders of this kind.

The copious and elaborate work on Surgery, by Prof. Franklin, can scarcely be spoken of to the best advantage in its present unfinished state. While, however, it gives the best directions for the performance of the various operations, and much advice valuable to the strictly Homœopathic practitioner,—it seems to fail, so far, in those precise indications for the use of the remedies, which are of the most supreme importance to every one earnestly and conscientiously desiring to avoid unnecessary operations; to cure his patient instead of cutting him, and to heal his wounds and diseases, instead of excising in vain their ultimate forms of development. But it is greatly to be hoped that this important deficiency may be in good degree remedied in the subsequent portions of this work. When completed, we trust it will supersede the allopathic treatises now so commonly used by our physicians; and that a second edition may soon be called for, which can then be rendered infinitely more valuable to those for whom it is especially intended. And even now it may not be too late to insert in an appendix, a concise *resumé* of the principal indications and characteristic symptoms of those remedies which are oftenest called for in strictly surgical cases. Such

an appendix would double the value of the work to Homœopathic physicians.

What is not a little singular, our remark as to the general insufficiency of the rendering of our *Materia Medica* in works on Homœopathic Practice, seems to apply to these works with a closeness proportioned to their excellence in other respects, and to the real value of what they actually do furnish of indications for the remedies. Take, for example, the recent work of Prof. Raue, which supplies sufficiently extended and elaborate accounts of numerous forms of disease; which contains some individual sections of very great value, as that on the heart, for example,\* and in which the "Therapeutic Hints," or indications for the remedies, are very good *so far as they go*. But in saying this we have said all. For who can attempt to use this work, in actual practice, without becoming at once painfully conscious of its deficiencies,—without discovering that, considered as a professedly complete work, it is rather remarkable for what it does not contain, than for what it does? Insufficient and incomplete, will be the verdict which the busy practitioner must pronounce upon this portion of the work. Let him consult it, for example, for indications of medicines adapted to diarrhœa;† he will be surprised to find that very many of the most important of these remedies, and all those suited to some particular and by no means uncommon forms of diarrhœa, are passed by

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\* And even here, one cannot but observe the omission of *Lithium carb.*, with which we recently had the pleasure of effecting an excellent cure in a young girl, whose symptoms corresponded to "trembling or fluttering of the heart;" "pains in the heart before and at the commencement of the menses;" worse "after mental agitation," and principally occasioned by long continued over-work. A very common form of heart disorder in such persons.

† A careful comparison of Raue's "Therapeutic Hints" on "Intestinal Catarrh," and "Chronic Intestinal Catarrh," with the very valuable articles on *Diarrhœa*, published by Dr. P. P. Wells, in the *New York Hom. Review*, Vol. V., pp. 16-72, will amply verify all, and more than all we have affirmed in this connection.

without even being mentioned. The "Therapeutic Hints," which Prof. Raue gives, are indeed valuable,—many of them being now for the first time published; but we think that, in many instances, most characteristic and important indications are omitted.\*

A no less serious difficulty attends the use of Professor Guernsey's "Obstetrics, and Diseases Peculiar to Women and Children;" but one which does not so much apply to the number of the medicines introduced, as to the nature and extent of their indications. There may be little trouble where the case presents "*Key-notes*" corresponding to those set down among the medicines. But what is the inexperienced obstetrician to do whose case,—perhaps a very urgent and dangerous one,—affords no "*Key-notes*," or none to which he can discover the counterpart among the remedies mentioned? He turns to his *Materia Medica*, of course, but with a feeling of discouragement that gives him small hope of success. This difficulty might readily be avoided by giving more in detail, either the particular indications of the remedy in the disorder under consideration, or by giving a more thorough and exhaustive statement of the leading and characteristic (subjective) symptoms of the medicines themselves. Doubtless, a method which should combine both these plans with the "*Key-note system*" employed by Professor Guernsey, would furnish a broader and surer ground, and supply sufficiently numerous data to cover all possible conditions, upon which the young practitioner could rely even in the most critical cases, as being at once dynamically sound and comprehensive enough to render him secure of finding the best possible remedy of which his case admits. That the indications furnished in this work are exceedingly valuable, is

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\* Prof. Raue's "Hints" are stated to be founded, in each instance, upon actual cures. The first edition is nearly all sold; and *maugre* all criticisms, the book proves to be of *great practical utility*.

proved by the testimony of many who have made use of them; and their publication conferred an immense benefit upon the profession; but we think much more is needed, in order that the work may fully meet the wants of the profession, as well in respect to the "Diseases peculiar to women and children," as to the Obstetrical department.

In Dr. Neidhard's treatise on Diphtheria, we have an exhaustive historical and Pathological monograph; a great deal of testimony as to the successful or unsuccessful results from the use of various remedies in the different epidemical and sporadic forms of this disorder; and,—with the exception of the very full account of Bryonia, p. 118,—but scanty and insufficient indications for the choice of the remedy. The previously published "Lectures" of Dr. Ludlam on the same disorder, give the indications with a much more satisfactory fulness and precision. Dr. Neidhard's treatise affords abundant proof of learning, research and experience; but the attempt to identify "Scarlatina, Membranous Croup, and Diphtheria," as "only varieties of the same, or a similar miasma in the blood," will neither satisfy the intelligent members of the profession, in a pathological point of view, nor will it prove, even if it were successful (or true in fact), of any use in curing this, or any other disorder which is developed in the fauces or larynx. While the specific treatment with *liquor calcis chlorinatæ*, recommended so warmly by the author, however universally curative he may have found it in his own cases, (occurring in a particular locality, if not mostly in a sort of chronic epidemic in that vicinity) has not been found so generally reliable in other places, or in the practice of other physicians, as Dr. N. would seem to have expected. No absolute "specific" has ever yet been discovered for this malignant and multiform disorder; nor can such be hoped for, so long as we know that the remedies which prove curative of Diphtheria, when prevailing as an epidemic in a given place in one season, will often fail to be Homœo-

pathic to or curative of the disorder in the same neighborhood the next year; so long as we know that the different members of the same family, sick at the same time with the Diphtheria, will often require different remedies in order to save their lives. In no other form of disease is the experience of a single physician, however extensive it may have been, so little to be depended upon elsewhere, or even in the same place at a subsequent period,—or so repeatedly proved fallacious.

Of all the long list of books, whose titles were placed at the head of our former article, there remains as yet unnoticed only the Treatise on Abortion, by Dr. Hale. The really valuable portion of this work,—that which should have taught how abortion might be prevented and the tendency to it cured,—was so completely overborne by the accumulation of other matter, that it was, in great measure, lost sight of. This did not impede the sale of the work, however, which is now out of print,—and for this we are thankful, since it gives the author an opportunity in a second, and now soon to be forth-coming edition, to discard certain seriously objectionable portions, and to replace them with matter not only entirely unobjectionable, but also practically useful in preventing and in arresting abortion. Here opens a wide and important field, which we trust Dr. Hale may now be enabled to fill in a perfectly satisfactory manner.

The most of these various works on the different branches of Homœopathic Practice, give proof of study and literary culture; they are all the product of time, with difficulty redeemed for this purpose from the engrossing cares of professional engagements; they contain the best thoughts, and the net results of the personal experience of many of the ablest and foremost men in our ranks, and constitute the first-fruits and worthiest offerings which, often at much pecuniary sacrifice, always

“ With an immortal strength and toil and word,”

they "have wrought for man," and placed upon the altar of Homœopathy, in the great temple of Humanity.

We have, then, three known quantities given, by means of which to find the unknown fourth,—or the logical conclusion which should be drawn from the entire course of the present and preceding papers: the noblest workers; the *Pathological* portion of the work, variously indeed, but upon the whole, tolerably well executed; and the *Materia Medica* portion, almost uniformly characterised by a remarkable degree of insufficiency. And we cannot, therefore, but conclude that the fundamental fault must be found in the present condition of the *Materia Medica* itself, "whose image and superscription" have thus been unanimously rendered in a manner as universally imperfect and insufficient, as it is individually various.

And if we have thus, without fear or favor or partiality, laid bare the practical weakness of our works on Practice; if we have inclined rather to exaggerate than to extenuate the deficiencies of these works in one and the same most important respect; if we have with apparent recklessness thrown down the gauntlet in the face of the most successful and best-esteemed authors of our school—it is with the hope that, disdaining to attack the individual critic, they will resolutely combine their energies and take counsel together, in order as much and as rapidly as possible to remedy that *dissipated, disorganized*, and to the last degree *undigested condition* of our *Materia Medica*, which so evidently retards the present advance of Homœopathy, and so seriously impairs the validity of their own earnest efforts for its substantial growth, scientific development, and final and universal triumph.

For it is only by means of the self-denying, persevering and determined coöperation of all these active workers,—as well of those in the department of Practice, as in that of the *Materia Medica* itself,—that we can hope to secure

a true, comprehensive and *esemplastic*\* *Materia Medica*; such as shall prove a perennial fountain for the supply of the innumerable living streams of practical literature.

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## CIMICIFUGA IN DISEASES OF THE MIND.

BY RICHARD KOCH, M. D.

Read before the Philadelphia Homœopathic Medical Society, April 9, 1868.

By close investigation, we find that among the many symptomatic (in contra-distinction to idiopathic) causes of mental alienation, anomalies of circulation—causing either anæmia or hyperæmia of the brain—occur most frequently. Such irregularity of the circulation may arise either from nervous irritation or diseases of the heart, or what is in my experience, most frequent, from both combined; because nervous action and circulation are in closer sympathy than any other two functions of our body. These circumstances occur in the female by far more frequently than in the male; a fact that is easily explained by the too great or too little loss of blood during the menstrual period. If occurring in the male, it is usually in those of a plethoric appearance, and such as have an organic disease of the heart; anæmia or hyperæmia should therefore not be undervalued as a pathogenic circumstance. Cerebral congestions often precede and even accompany attacks of Mania, Hysteria, Melancholy and Hypochondriasis. The characteristic symptoms which lead to the supposition of irregular circulation being the cause of derangement of mind, are: frequent and sudden changes of heat and cold in different parts of the body; sleeplessness on account of frightful dreams, which

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\* *Es versart sich, to shape into one.* Such a *Materia Medica* would realize in medicine,—and so far more practically,—Schelling's transcendental idea—"das Band die lebendige. IN-EINS-BILDUNG des Einen mit dem Vielen; the bond (which shall become) the living formation-into-one of the one with the many."

lead to sudden starting up from sleep; great anxiety about one's self without knowing why; hypochondriasis; alternate empty and full feeling in the head; nervous tremors, like a chill, without actually feeling cold; picking with the fingers; small, quick, and irregular pulse; frequent icy-cold hands and feet.

These principal symptoms often accompany insanity, beginning from simple depression of spirits, with full reasoning faculties and control of the will, to actual melancholy and mania: and although the former condition is not actual insanity, there is great danger of its becoming so. These signs are always the accompanying symptoms of hysteria; they are in fact very common complaints outside of mental derangement, if we only ask for them, and I have no doubt that most all practitioners must confess to meeting frequently, cases that have just this group of symptoms. The difficulty of managing such cases, led me to search particularly for a remedy, and I can now assert that the *Cimicifuga racemosa* has answered beyond my expectations, so that I would be inclined to call the above symptoms of disease characteristics of that remedy. The form in which I usually employ it is the second decimal dilution of the tincture, ten drops in a tumblerful of water; a dessert-spoonfull every two or three hours.

The following selections, from amongst a number of cases I have recorded, will illustrate the action of this drug.

A young lady, twenty-three years of age, suffered from a second attack of acute mania, of an hysterical character, accompanied with excessive Nymphomania. This condition had lasted for several months, and the only improvement by the remedies given was a diminution of the extreme violence of her actions, as many as six persons having previously often been required to hold her. She was, however, not much improved in mind, complained of constant chilliness, with tremors, yet without desire for heat in the room or warm clothing; cold hands and feet; incoherent talking; restless nights; constipation; suppressed leucorrhœa; pulse

quick, weak and frequent. *Cimicifuga* completely cured her in about a week.

Another young female, about twenty-eight years old, (single), ceased to menstruate after taking cold, and suffered thereby for several months from dizziness in the head; face alternately flushed, and then pale; delirium at night; frequent feeling of chilliness; dull headache; restlessness; cannot keep the hands still; constantly making various motions with them, as in chorea; feet and hands cold. After administering the *Cimicifuga* for twenty-four hours, the symptoms disappeared, and she was able to attend to her business. The menses did not return at that time.

A tall and fleshy man, married (forty years old), came to my office, complaining of great nervousness; picked constantly at the chair while talking to me; was so nervous as to be obliged to come three times before he was able to finish telling me what ailed him; felt always as though something might happen; was on the verge of insanity; unable to attend his store; nights sleepless; pulse irregular; face of a dark red hue; greyish circles around the eyes; chilly feelings. After using *Cimicifuga* for a week, he could attend to his business as well as ever, and is now perfectly well.

These and other similar successes with *Cimicifuga*—which might be called the American Aconite—induced me to call your attention to it in connection with the peculiar but often occurring symptoms above mentioned.

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#### PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.

WE would again call the attention of the members of the profession in Pennsylvania and elsewhere, to the meeting of this body which will be held in Harrisburg, May 12th, in the Hall of the House of Representatives. There is every prospect of a large attendance and of an abundance of valuable matter being presented.

## CLINICAL CASES.

BY C. LIPPE, M. D., TREMONT, N. Y.

M. K. *aet.* 11. White swelling of right foot, knee and ankle. Pain as if bruised, aggravated from the least motion, yet is so very restless that she endeavors to change her position constantly.

Root of tongue coated brown. Pulse 100, full and rapid. Face pale, urine dark. Is worse from 4 P. M. to 8 P. M. One dose *Lyc.* 71<sup>m</sup> (Fincke).

On my next visit, the following day, I found the pains on the right side much less in intensity, but complaint of similar pains in the left side, though not very violent. *Sacch. lac.* In three days all pain had gone, and only a little stiffness remained, which disappeared in a few days, without any other medicine.

M. *aet.* 7. Hard swelling of left parotid gland, after scarlatina. (Treated with *Merc.* 3, and *Bell.* 1, in alternation.) Discharge of thick yellow pus from interior of cheek. Is worse in the evening until midnight. Cannot bear to have the side of the face touched.

*Puls.* 51<sup>m</sup> (Fincke) one dose. Three days afterwards one dose. *Sulph.* 81<sup>m</sup> completed the cure.

D. *aet.* 35. While in an epileptic fit, bit his tongue in a frightful manner. The tongue is so much swollen that it fills the entire mouth. He cannot articulate or speak. *Arn.* and *Mer.* were administered without improvement. The organ looks more swollen, and is more painful. *Hypericum perfor.* 2<sup>c</sup> was given, one dose, and in the course of a few hours a marked improvement took place, and in forty-eight hours the tongue had resumed its natural size.

Mrs. G. *aet.* 43, a large, plethoric lady, for some months has been subject to attacks in which she loses all power of motion, though not of consciousness.

At first she complains of partial blindness and unsteady-

ness in walking, compelling her to take hold of the nearest object to prevent falling; this is accompanied by a red face; very soon she experiences a sensation about the heart, which she describes as if it were "*clasped by an iron hand*." These attacks have grown in frequency and intensity, as many as two in a week, and lasting several hours. When the symptom of the heart manifests itself, which is only momentary, she falls to the ground and is entirely helpless.

*Cact. grand.* 74<sup>m</sup> (Fincke) was prescribed.

At the time when threatened with another attack, one more dose of Cactus was given, and she complained only of partial blindness, and this passed off. There has been no return of the *fainting*.

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### PROVINGS OF CANNABIS INDICA.\*

These provings were made with preparations of Indian hemp obtained from reliable Allopathic shops.

FIRST PROVING.—Dec. 6, 1866. Mr. ——— took sixty minims of the tincture at 11.25 P. M. Read till 12.5 A. M., without any effect.

12.5 A.M. Began to think about it, imagining that no effect would follow, when he felt a sudden, dull, aching pain and constriction, mixed with numbness and tingling, as if he had been electrified. It began in the right upper arm, extending down the arm and up to the axilla; gradually passing down to the feet, and then up to the head. It was chiefly felt in arm and axilla. This feeling came on and off like a wave of sensation; it was confined entirely to the right side, and seemed to stop at the mesial line. (The prover's right side was next the fire.)

Peculiar, somewhat metallic sensation on right half of tongue.

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\* These eminently suggestive provings of *Cannabis Indica* are forwarded by our esteemed London correspondent, Edward William Berridge, M. B., B. S.

Sight rather hazy.

Buzzing in right ear.

Seemed to go to sleep now and then for a few moments, which, however, appeared very much prolonged, with pleasant dreams; then woke up and wrote down these notes.

Only ten minutes had now elapsed, but it seemed to him to be two hours. His sensations were exalted and magnified; his pulse felt to him to be stronger; ideas flowed more rapidly; the pictures on the wall seemed larger than reality.

He thought he was in Mr. C.'s room, and recognized the pictures as belonging to him, though they were really Mr. R.'s, in whose room he was.

Pulse, as counted by a friend, 120, full and bounding. It is usually about 84 at this time.

He could count his pulse well; it did not seem to him to be beating slowly, though time seemed prolonged.

His pulse seemed to him to be full and bounding.

When he ceases to exercise his will, he falls into a kind of dream; the period of this dreamy state seems painfully prolonged; he feels as if he never would get through the night.

When writing these notes, time seemed prolonged; he seemed to dream between each stroke of the pencil.

All his feelings of pleasure and pain seem exalted.

The teeth of right side of mouth seem to him to be clenched. (This condition was not noticed by his friend, and was probably subjective. Nine days afterwards he took *Morphiæ acetas*, which caused a feeling as if both sides of teeth were clenched. He never had it at any other time.)

The right side of the body seemed to him to be greatly enlarged, so that he thought if he thus continued to grow, he must bend over to opposite side. (All these symptoms occurred within the first hour.)

His memory seemed failing him. (Time of this symptom not noticed.)

Pleasant burning heat all over the body.

Oppression on chest.

Indescribable sensation of oppression about the heart; feeling of sickness at the heart; heart's beating seemed to him to be very much embarrassed, sharp and quick, weak and small; its contractions seemed jerky. This condition of heart lasted until he went to bed, about 3 A. M.

His pulse he counted to be 130.

Then followed great constriction in head, as from an iron skull-cap.

His memory seemed gone. (Afterwards, however, he remembered nearly all that had taken place.)

His pencil seemed very large.

He felt very badly.

Felt sick at the heart. (The word heart, in the proving, really refers to the heart, and not to any other part.)

Fits of mental depression.

No power of will.

His friends now went out of the room. He thought they had left him to his fate, and wrote "cowards" in his notes.

They seemed gone a long time.

When they had gone, he went into the bed-room; stood in a reverie, which seemed to last three or four hours, looking through the half-opened door, into the sitting-room. The sitting room seemed to be of an immense depth below him. (It was really on the same floor.)

The globe of the lamp appeared of an enormous size. Passed through a sort of dream connected with all this.

There was also a curious sensation connected with the air, but he cannot recollect it.

He now ceased to take notes—about 1 A. M. The following symptoms were given me from memory, a few days afterwards.

Very excited; he began dancing about the room; frequently laughing; talked nonsense; knew that he was talking nonsense, but could not stop without an effort of the will, which he did not care to make.

His friends tried to persuade him to go into the surgery and to take beer and morphia, but he was sensible enough

to refuse. His power of will, with regard to the commands of others, seemed intact, but not over himself, except under a strong stimulus. Thus, when Mr. H. came into the room, not wishing to be thought drunk he lay down on a sofa, and could restrain himself from talking by a great effort, but when he did speak to Mr. H., he slightly wandered. When Mr. H. left, he went on as before.

About 3 A. M., having roused himself to sobriety, he went to bed. Stumbled down the steps on leaving his friend's room. Here he met another, who called him by name and told him to take care of the coal-scuttle at the foot of the stairs. He felt displeased at his name being called out at that time of night.

Went up stairs all right; avoided the scuttle, of which he seemed to be somehow afraid.

Had a distinct sensation that he must keep himself sober till he got to bed, otherwise he might do something foolish.

Went to bed; fell into a drowsy state.

Imagined that the finger nails of both hands were about the size of plates, very curved, but otherwise of natural shape; on opening and shutting the fingers (subjective or objective?) they seemed to slide over one another like a fan; and on tapping them against a hard surface (subjective or objective?) a delicious sensation was produced.

Remembered events that had happened, and ideas that had passed through his mind when a child—as about toys. (He does not now remember them distinctly, but recollects that he could then call them to mind.)

Very delicious dreams; cannot remember much of them now.

Woke in morning, not quite sober.

Some letters were brought for him, but he could not read or understand them properly.

Felt drowsy and still under the influence of the drug; the drowsiness lasted till 1.30 P. M., with alternate waking and sleeping, but the waking was a pleasant dreamy state.

1.30 P. M. Increased appetite; had a good lunch. (Had had no breakfast.)

All the afternoon, alternate dozing and waking; the same pleasant dreamy state when waking.

Increased appetite at dinner.

After dinner, dozing and waking as before. He then took some coffee which removed it.

Dryness of mouth, with thirst all day.

Since then, for a day or two, depression of spirits and disinclination to study.

In writing these notes, he kept repeating sentences and words.

SECOND PROVING.—Dec. 7, 1866. Mr. ——— *aet.* twenty or twenty-one, short; dark hair, blue eyes.

Took a drachm of the tincture in water, mixed with a drachm of Spiritus Ammon. Aromaticus, about 11 P. M. He read till about 1 P. M., then felt a curious constrictive feeling in head, with inability to think.

Dozed a little on a sofa, in a friend's room; was heard chuckling to himself; woke up every five minutes, when it seemed to him as if hours had passed. After his friend had gone to bed, kept waking up, thinking he was still in the room, but on rousing himself, recollected all; then relapsed.

About 1.30 A. M., went to bed; could not concentrate his mind on anything; if he tried to think of anything, his mind wandered into all kinds of fanciful ideas.

Felt in a kind of stupor, as if he were bound down by a loadstone, so that he could not move.

When in bed, thought he was still in his friend's room. (He thinks he spoke to his friend, and was cross, because he received no answer; but of this he is not sure.)

Kept waking all night; slept later than usual the next morning.

This prover used often to take acetate of morphia, subcutaneously, for a joke! He had taken  $\frac{1}{4}$ th grain at 6.30 P. M., and again at 10 P. M. It never thus affects him.

THIRD PROVING.—Dec. 17, 1866. The same prover took five grains of the alcoholic extract about 10 P. M.

About 11.30 P. M., feeling of distension of eyeballs, as if starting out of the head; they ached when he tried to read.

Felt drunk.

Some dryness of mouth, without thirst.

At 2 A. M., took morphia subcutaneously; it seemed to pervade the whole system, gradually driving the effects of Cannabis before it.

Cannabis causes in him an unpleasant sensation of the body, which he could not describe.

FOURTH PROVING.—Dec. 4, 1866. Mr. ———, *act.* twenty-two, dark eyes. Had taken Spirit. Amm. Aromat., ʒi., about 6 P. M., which caused slight headache.

Took a drachm of tincture (Cannabis Indica), about 11 P. M.

In about one hour, sleepiness.

Then singing in the ears.

Then felt very jolly, bursting into laughter; talked nonsense; knew that he was talking nonsense, but could not stop.

His own voice sounded to him a long way off.

A friend who was in the same room, seemed a long way off.

Felt as if he was a third person, looking at himself and his friend.

Felt he knew where he was, and yet did not.

The room seemed larger.

Pleasant sensation of warmth, beginning in the spine and extending all through the body.

After going to bed, sensation of heaviness and drowsiness; could not lift his arms or legs.

When in bed, he knew where he was and yet did not; imagined he was at home, and could hear all the usual sounds; by a strong effort he could recollect the truth, then again relapsed.

When in bed, had dryness of mouth lasting until next morning, with thirst.

Frequent micturition in night; much in quantity.

FIFTH PROVING.—Dec. 9, 1866. The same prover took 1 drachm and 10 minims, about 9.30 P. M.

Dryness of mouth, with thirst, for some time, (in about half hour.)

Burning sensation in stomach, for some time, (within one hour.)

Felt drunk. (In about one hour.)

Giddiness, everything seemed turning round, for some time. (In about one hour.)

Buzzing in ears, lasting some time. (In about one hour.)

Felt sleepy, for some time. (In about two and a half hours.)

Leaden feeling in the limbs, as though he could not move them, for some time. (In about two and a half hours.)

Great appetite.

Frequent micturition of much urine.

Pains in forehead for some time. (In about one and a half hours.)

Conjunctiva congested, without any abnormal sensation there.

These symptoms lasted till between 2 and 3 A. M., when he took acetate of morphia subcutaneously, which removed them. They had, however, begun to diminish before he took it.

SIXTH PROVING.—Dec. 14, 1866. Mr. ———, in good health, except a cold. Took a drachm of tincture at 4.20 P. M.

About 9.30, feeling of exhilaration.

Pricking pains, apparently on the surface of heart, off and on.

Woke once in night, which is unusual.

The next day took two drachms in gum acacia and syrup, at 8.50 P. M.

About 5 P. M. The blood-vessels of upper eyelids became very full and distended, with a feeling of heat.

5.30 P. M. Same symptoms, with addition of slight soreness of upper eyelids.

Scalp and skin of forehead felt as though tightly stretched over skull, as a bladder is stretched over a jar.

Intermittent headache, in a spot on left side of head, near the anterior inferior angle of parietal bone.

A curious shooting pain in left arm, from shoulder to tip of middle finger, producing in the finger a feeling of internal soreness, the same as is felt in neuralgic pains. The pain at one time concentrated itself in the pulpy part of the ungual phalanx, and at another at the upper part of the axillary border of the scapula, whence it seemed to radiate, like the spokes of a wheel, for a distance of two inches.

6.30 P. M. Soreness of left finger remains, not increased by pressure or use.

Conjunctiva of eyes covered with distended vessels; feeling of burning heat more marked in the eyes than in the lids, and severe.

7 P. M. Less constriction of the scalp; continuance of burning heat about the eyes.

7.25 P. M. Increased redness of conjunctiva.

Very subdued feeling; marked taciturn tendency.

7.45 P. M. Feeling of lightness or buoyancy, as though he could fall like a cork, without sustaining harm. Relaxation of muscular power. The other symptoms as before.

8. P. M. Feeling of sleep; could easily sleep if he were to lie down and give way to the feeling; but when necessary he could always rouse himself all through the experiment. Feeling of relaxation continues; not at all inclined for physical exertion.

Disposition to remain perfectly quiet, without speaking.

8.30 P. M. Took a bottle of lemonade, which revived him.

9.30 P. M. Continued refreshed from the lemonade.

9.40 P. M. The disagreeable effects began to subside,

leaving a disposition to be silent and still. No headache. Conjunctiva natural.

10 P. M. Stronger disposition to sleep, which continued at 10.30.

The same sensation at the heart occurred during this proving as in the former one, but slighter.

Woke at 4 A. M., and at 7 A. M., which is very unusual.

[The prover states that the eye symptoms come on him, but to a less extent, from anything which causes indigestion,—as he considers it to be,—e. g., from eating two suppers; an extra glass of wine; smoking when not well; or from excessive doses of phosphate of iron. But in this case he could attribute it only to the Cannabis.]

SEVENTH PROVING.—Dec. 22, 1866. E. W. B., in good health, except a slight cough.

2.55 P. M. Took 1 drachm of tincture.

About 4 P. M., I was referring to a MS. index of cases of poisoning, &c.; I did not seem to know where to look for what I wanted; when I found it, I read it over two or three times without seeming to understand it. Curious feeling in body and head, which I did not notice sufficiently to describe. I knew that this was the effect of Cannabis, and felt somewhat alarmed lest I should have taken too much. I then wrote down the following symptoms.

4.8 P. M. Feeling in head as if something were going round in it, from before backwards, on right side. This symptom was transient.

Feeling of pressure on both cheeks, in corresponding spots, about posterior border of malar bone. This did not last long. I roused myself and could recollect all.

4.11 P. M. Feeling, for a few seconds, of something surging like waves up the neck into the head, seeming to try to press it forwards.

4.30. Wanted to refer to something in my MS.; had to stop and think what I wanted to find, and where to look for it; had to think for some seconds before I could bring my mind to the subject.

4.36. Peculiar feeling of moving, or what is called swimming, in head, with transient feeling of constriction round the head.

Lay down on sofa and dozed a little; had singing in ears, which went off when I got up.

4.50. Feeling of something surging up from posterior part of head toward forehead.

5 o'clock. Dizziness in head. Felt drowsy, and fell asleep in arm-chair.

At one time I tried to write down a reference in my MS. I wrote down the first half correctly, though I felt I might write some nonsense in the state I was; on attempting to finish it, I did not know what it was I had to write, and I could only do so by looking constantly at the passage in the printed book while I wrote it down in the MS., and even then I omitted something. After tea, at 6.30, no more effects.\*

## QUESTIONS.

BY ADOLPH LIPPE, M. D.

THE many questions constantly arising may be well divided into four classes.

1. *Settled questions*, and, as such, become principles; adopted by all who consider the questions settled by reason of argument and corroborative practical confirmation. "*In certis unitas.*"

2. *Open questions*; or such as have not yet been settled by either argument or practical experience. "*In dubiis libertas.*"

3. *Burning questions*; or such, as being open, have been touched unwittingly by some rash person, who still less prudently wishes to force his solution upon the community,

\* There are four provings of *Cannabis Indica* in the "*Intellectual Observer*:" London.

and thus may be said to burn his distinguished fingers.  
“*In omnibus charitas.*”

4. *Absurd questions*; or such as can only be asked by a silly person, as they can only be answered in one way without an insult to common sense, while the silly questioner contends for an answer the reverse of that which *common sense* would dictate.

As quite a number of questions are just now before the profession, particularly such as belong to classes 3 and 4, we propose to publish a few of them. They have all been asked, either directly as questions, or we are permitted to infer the question from the answer given. By special request of any one person, the writer pledges himself to give authority for each and every statement.

*Question 1.* Does society, with its hardened prejudices, first demand Alloëopathy: the way prepared Eclecticisism follows; then crude Homœopathy takes root; and finally, upon the remains of all, pure Homœopathy finds a congenial soil, BECAUSE, in like manner, the rock must first bear lichen—the moss and the fern—that upon their debris may grow the sturdy oak, the lofty pine, or the fragrant rose?

*Question 2.* Is it well to abandon principles, while teaching Homœopathy and instil, instead of principles, a *multiplicity of opinions*?

*Question 3.* Is the permanency of a Medical School guaranteed because its Trustees and Professors are elected for life?

*Question 4.* Will two Medical Schools in the same place, advance our cause and the interests of all concerned, better than one?

*Question 5.* Does the charter of an Eclectic College, lying dormant, as a curious document, in the strong box of a distinguished Eclectic physician, for, say fifteen years, become more potent when resurrected? Does the change of “name” change its invalidity or its character? Can the mouldy document bring forth sturdy or lofty or fragrant, spontaneous productions?

*Question 6.* Can a By-law of a Medical School provide against indebtedness?

*Question 7.* Can a Life Insurance Company tell a distinguished individual how many years it will take him to become extinguished?

*Question 8.* Does it advance our cause or the interests of the profession, if Professors who are elected for life to teach opinions (not principles) differ so much in opinions, that the one teaches, promulgates and defends "*organopathy*," while his elder, distinguished colleague, writes a scurrilous pamphlet against organopathy and its sponsor, in which pamphlet the principal abstraction is "the fist in the wash-tub?"

*Question 9.* Does Secrecy advance Homœopathy?

A distinguished person and his followers answer all the above questions in the *affirmative*, while we answer them in the *negative*. These questions are now before the profession, and if the person of distinction should fail to find a friend in need to pick them up and defend his affirmative position, we shall be allowed to take it for granted that the negative side "*has it*." Perhaps the distinguished legal authority from Brooklyn will be able to *guess* who has "*distinguished*" himself, and defend *him*.

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## THE AMERICAN INSTITUTE OF HOMCEOPATHY.

BY F. R. McMANUS, M. D., Baltimore, Md.

On the first Wednesday in June next, the members of the Institute are to meet for the twenty-first annual session, in the great city of St. Louis; and it is earnestly hoped that the meeting will be larger than any preceding one. One of the most interesting we have ever had, was that of the last year, in the city of New York. Unfortunately, however, the proposition was renewed at that meeting, to admit female practitioners to membership. The

discussion of that matter occupied nearly half of the time of the session, to the exclusion of matters of decidedly more importance to the Institute and the profession. I believe it is generally conceded, that female physicians can be of great advantage in treating the diseases peculiar to their sex, and very few, if any, object to ladies being educated and graduated for that office; but it is difficult to understand why ladies thus educated, wish to be admitted to membership in an association which has heretofore been formed and constituted exclusively of the other sex. To say the least of it, it looks to me to be somewhat indelicate. I do not intend, here, to offer any argument in regard to the matter. I notice that it has been thoroughly discussed at a late meeting of the Massachusetts Homœopathic Society, and the application for membership of the distinguished lady, Mrs. Mercy B. Jackson, M. D., was rejected, as it was at the last meeting of the American Institute, solely on the ground of her sex and the indelicate impropriety of such an association. As one of the most uncompromising friends of the female sex, and of their enjoyment of their own peculiar and proper rights, I hope that this subject will not be again renewed.

Some arrangement should be adopted, by which the proceedings, at future meetings, shall be published and distributed to members at an early period after the adjournment of the meetings. Eleven months, nearly, have now elapsed since the last meeting, and the proceedings have not been officially published.\* In March last, I enquired of our indefatigable Secretary, if the last years' proceedings had been published yet, thinking that my copy might have miscarried, and he replied, under date of March 8th, "*I have but two days ago received the Annual Address,*" &c., &c.

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\* We very cheerfully publish the letter of Dr. McManus, particularly as his strictures are in the main, most just. No one, however, can appreciate the difficulties attending the publication of the transactions of a society, save only those who have passed the ordeal.

But why wait nine months for any address? There is evidently a great mistake in this kind of delay, and an injustice to the members. What a difference there is in the publication of the proceedings, interesting discussions, &c., &c., of the Philadelphia Homœopathic Society, in extenso, every month.

Another matter, which should be corrected, is the everlasting change, at every meeting, of by-laws or constitution. Some member conceives an idea, and a necessity for a change, according to his views, in the programme; offers a resolution, which is discussed for an hour or two, and probably adopted.

This member may never have attended a meeting before, and may never attend another, but must do something of importance. It is to be hoped, that hereafter, more time will be devoted to oral discussions, in regard to practical matters, practical experience, &c., and the meetings prove to be not only interesting, but of solid value.

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#### RESOLUTIONS ON THE DEATH OF DR. ALBERT E. PATCH.\*

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

PHILADELPHIA, *March 18, 1868.*

At a special meeting of the Hahnemannian Medical Institute, held this day, the following preamble and resolutions were unanimously adopted:—

*Whereas*, It has pleased Almighty God to take from us our beloved friend and fellow-member, Dr. ALBERT E. PATCH, late President of the Institute; and

*Whereas*, While bowing in humble submission to the Divine Will, we deem it proper that we should place on

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\* Omitted in the April number.

record our high appreciation of him as a friend, a member, and a man; therefore, be it

*Resolved*, That in the decease of Dr. PATCH, we have lost one who was kind and generous in his disposition, prompt and devoted in the pursuit of his duties, and an active and efficient officer of the Institute.

*Resolved*, That we sincerely condole with the family of the deceased in their bereavement, and sympathize in the heartfelt anguish which the sad event has caused them.

*Resolved*, That a copy of these resolutions be sent to the family of the deceased, and that they be published in one of the daily newspapers of this city and the "Hahnemannian Monthly."

C. J. WILTBANK, M. D., President.

JAS. H. RIDINGS, M. D., Secretary.

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## COPYRIGHTS AND PATENTS.

Read before the Philadelphia Homœopathic Medical Society, April 16th.

BY W. WILLIAMSON, M. D.

LEST the object in bringing the subject of patents before the Society at this time may not be understood, I would remark that in every recognised code of medical ethics heretofore published, there is a paragraph in which it is declared that it is "derogatory to professional character for a physician to hold a patent for any surgical instrument, &c." The subject of medical ethics is now being considered by the Homœopathic school of medicine generally, and may come up for discussion at the forthcoming annual meeting of our State Society. A code was reported and extensively discussed at the last meeting of the American Institute of Homœopathy, but was at that time ordered to be printed, and postponed for further consideration at the next meeting of the Institute, which will be held in June next, when in all probability a code of medical ethics, of

binding authority, will be adopted. In view of this, there seems to be a propriety in calling up the subject, that the views of the members of the profession associated in our county Society, may find expression, and that thus the delegates representing us in the larger bodies of physicians, may make themselves familiar with this subject, and become acquainted with the views of their fellow-members at home, and therefore, better able to act understandingly in the premises.

The subject of patents has been selected from the many embraced in a code of ethics, because, judging by the discussion at the American Institute, it seemed to be the one concerning which the members held the greatest diversity of opinions.

For the purpose of bringing the subject fully before the society, I have prepared a short history and abstract of the laws relating to copyright and patents, with their meaning and application to authorship, inventions and discoveries.

### *Copyrights.*

The Several States of the Union exercised the right of issuing Copyrights and Patents, previous to the adoption of the Federal Constitution in the year 1789. And at the first session of Congress under the new constitution in 1790, laws were passed "to promote the useful arts, and for the encouragement of learning, by securing the copies of maps, charts, and books to authors and proprietors," for a specified time—fourteen years,—with the right of renewal for fourteen years longer. The original act has been enlarged and amended by several acts passed since. Copyrights at present secure to authors and proprietors the sole right and liberty of printing, reprinting, publishing and vending any book, pamphlet, map, chart, musical or dramatic composition, cut, print, engraving, or photograph, for which they have obtained a patent, for a period of twenty-eight years, with a right of renewal for fourteen years more—making forty-two years. The title has to be entered

in the clerk's office of the District Court of U. S. where published, and a copy of the work deposited in the Library of Congress, at Washington.

### *Patents.*

The original Patent Act of 1790, has been enlarged and amended by several subsequent acts, all of which have been superceded by the more perfect act of 1836, which still forms the basis of the existing patent system of the country, although it has been since several times amended and enlarged to meet the demands of the advancing interests of the Arts.

The patent law covers "any new and useful art, machine, manufacture, or composition of matter; or any new and useful improvement on any art, machine, manufacture, or composition of matter."

The use of any natural agent or principle cannot be patented; such as light, heat, electricity, the force of gravitation, &c.; but the *means* and *method* of using them for a specified purpose may.

A patent is of the nature of a contract between the inventor or discoverer of something "new and useful" and the people. The people through the officers of government agreeing, in consideration of the inventor or discoverer making known all about his invention or discovery, to secure his vested right and property in the same, with the exclusive privilege of "making, using and vending" it for a specified time. No patent is valid if any essential part of the invention or discovery is fraudulently kept secret. The term Patent, means, open; plain; manifest; and when applied to the subjects under consideration, means to lay open, make known, spread out, and exemplify.

The thing patented or a model of it, with descriptive drawings and explanations, together with the uses and purposes intended to be fulfilled by it, has to be deposited in the Patent Office at Washington, and made accessible to all who wish to examine the same.

The design of patent laws in this country is to encourage genius by affording protection to its productions, and rewarding ingenious men for the advantages derived by the public from their labors and expenditures, and by the courts are construed favorably for the patentees, and as being free from the odium of monopolies and secret agencies.

I now ask the Society the following question, to wit:

Is it proper for a physician, under any circumstances, to hold a patent for any surgical instrument, or other appliance used by the profession?

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#### EDITORIAL.

The readers of the Journal have doubtless observed the slight change on the first page of the cover, indicative of a change in the Editorship of the Monthly. Professors Frost and Lippe, whose combined and untiring labors since the first issue, have, in a great measure, made it what it is, have retired from the conduct of the Magazine and a new Editor has been appointed.

Professor Frost has been compelled to take this step, we are sorry to say, as well as to relinquish his chair in the College, on account of ill health, and a consequent natural desire to retire from the activity and bustle of Editorial and Professorial life, and seek repose in the quieter walks of ordinary professional practice; while Professor Lippe has been absolutely obliged, in consequence of a multiplicity of duties and engagements, to relieve himself of the responsibility to the profession which he felt himself to lie under, while connected officially with the editorial department of the Journal.

These gentlemen have worked long and hard for the good of the cause, and the furtherance of true medicine; and to Dr. Frost, as active Editor, particularly, our readers are indebted for the able manner in which the Journal

has been edited, from its first number up to the May issue of this year. It is a matter of considerable satisfaction to us, therefore, to be able to state that the valuable services of both gentlemen are not entirely lost. Our subscribers will yet, we hope, read many articles written in the peculiarly flowing and graphic style of Dr. Frost; and the clear, forcible and didactic style of Dr. Lippe.

With reference to future management, we desire to issue a short prospectus, that our friends may know what to look for.

It shall be our endeavor to equal, and, if it be possible, to excel the able manner in which the Journal *has been* conducted, and to render it equally useful in the future as in the past; viewing, at the same time, every unsettled question connected with medicine, with the true Catholic spirit. The "Hahnemannian Monthly," like the college to which it pertains, does not profess *to teach a multiplicity of opinions* in regard of points that should be considered as settled. We have faith in the "*in certis unitas*," as well as in the "*in dubiis libertas*," and the "*in omnibus charitas*." We have an abiding faith in principles, and *for ourselves*, shall rigidly adhere to them; believing, as we do, that if there are *no principles* there can be *no Homœopathy*. At the same time, however, the pages of our Journal are open to the most diverse expressions of opinion, and no article that is conducive to the advancement of our science, or contains matter of interest to the profession, will be excluded—let it differ ever so widely from our own views—provided it be well-written, and on *one side of the paper only*; each writer being responsible for his own Articles. All communications of this nature therefore, will be received, duly acknowledged and published as opportunity may offer.

It has been the pride of the former Editors, that the Monthly was ever filled with original contributions, and we hope to be able to continue to lay before our readers, from month to month, the experience and views of our

best practitioners; thus making each number of *practical* value. While carefully examining the periodical medical literature of every school, we have no desire to *fill* our pages with reprints of comparatively uninteresting and useless matter from Alloëopathic Journals, or by a re-hash of Homœopathic literature already accessible to every reader.

We are now printing forty-eight pages monthly of what—from the number of congratulatory notices that reach us,—we have reason to believe is valuable and useful matter, and we call upon our friends to aid us in materially increasing our subscription list. If this be responded to in the proper spirit, another form of sixteen pages will soon be added, making sixty-four pages monthly, or seven hundred and sixty-eight pages in a year, without increase of price.

In the best ordered establishments, confusion is the consequence of change; we would therefore inform our subscribers who have not received the April or previous numbers, that they will be forwarded, upon notice being sent to the Editor.

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#### PUBLICATIONS RECEIVED.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, for 1866-67. Vol. 3, Part 1. This handsomely printed pamphlet comes to us through the politeness of I. T. Talbot, M. D., of Boston, President of the Society. It contains reports of the proceedings of the semi-annual meeting, held Oct. 10, 1866, and of the annual meeting, April 10, 1867. In the table of contents we notice particularly a paper on Hypodermic Injections, by F. H. Krebs, M. D., of Boston; Proving of *Artemisia Abrotanum*, or Southern Wood, by A. M. Cushing, M. D., of Lynn; Report of Committee on Clinical Medicine, by E. U. Jones, M. D., of Taunton; and the Annual Address, by B. de Gersdorff, M. D., of Salem.

The Report on Clinical Medicine contains a re-confirmation, *ex usu in morbis*, of many characteristics of both old

and new remedies; many of the cases related, however, are rendered perfectly valueless by the fact that no indications that led to the selection of the remedy are given.

The excellent paper on Hypodermic Injection sums up what should be the opinion of every Homœopathist regarding this method of applying medicines. It belongs to Allopathy, and will be eventually thrown aside by that school, as hundreds of other "great discoveries" have been. To us it can be of but scant utility, for *whatever good* may be derived from this method of introducing drugs to the system, there can be but little doubt that equal, if not greater success would be attained by the administration of the proper remedy in the usual way.

The ringing address of Dr. de Gersdorff well repays perusal. It is both elaborate and instructive. The writer closes by congratulating the Homœopathic physicians of Massachusetts on the prospect of the establishment of a Medical College in Boston, and gives some excellent advice concerning the formation of the same.

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REPORTS OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE; presented to the Corporation at their annual meeting, Jan. 22, 1868. Providence.

This useful Institution has been in existence since the year 1848, and during the whole period has been supported without State or corporate aid. During the year 1867, seventy-seven patients were admitted; twenty-nine were discharged cured; seventeen improved, and fourteen died. The modern, improved method of treating this class of unfortunates, appears to have been strictly adhered to. Kindness and forbearance have been the guiding principles of treatment, and the terrors and horrors of the old fashioned mad-house have found no advocates here. It is a source of pride to us as Homœopathists, to consider that Hahnemann was one of the first and earliest to advocate the gentle treatment of the insane.

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THIRTY-FIFTH ANNUAL REPORT OF THE MANAGERS OF THE PENNSYLVANIA INSTITUTION FOR THE INSTRUCTION OF THE BLIND. This little pamphlet gives but a faint idea of the incalculable good derived from this Institution, whose

sphere of usefulness, like that of most charitable institutions, is unfortunately limited through want of sufficient funds. Here the blind are taught to do everything except to *see*, and to those who are acquainted with the degree of perfection to which the teaching of those to whom the light of day is shut out forever in this life, is carried, and the facility with which knowledge is acquired, is presented a wonderful field for study: to the physiologists, the marvelous compensatory adaptability of one sense, for the loss of another; to the strictly religious mind, the goodness of God, who "provides for all the ways of men."

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THE WESTERN HOMŒOPATHIC OBSERVER. March and April. The bulk of this issue of the *Observer* is taken up by the department of surgery. The funny man is at large, and poking his fun at the "high potency fellows." A singular effect of one of his prescriptions was to cause a boil to open before pus formed. His letter is addressed from "Nubibus," and we recommend that he should remain there, as his wit is assuredly under a cloud.

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THE NEW ENGLAND MEDICAL GAZETTE. Vol. III., No. 4. As usual, a good number. A case of cure of epithelial cancer of the lip by Arsenicum, a high potency, followed by a single dose of Silicia, 1<sup>m</sup> is reported. Dr. S. M. Cate, of Salem, gives as a characteristic for the use of *Corallium rubrum* in whooping-cough, "cough worse in the latter part of the night and in the morning and forenoon, and better in the afternoon and fore part of the night."

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AMERICAN HOMŒOPATHIC OBSERVER. This well conducted Magazine arrives in good season; two numbers (April and May) in one. The passage at arms with that serious weapon, the pen, between Dr. Bellows and Professor Gatchell, is continued in this issue by a violent philippic from the Professor, which will, of course, produce an angry reply from Dr. Bellows. At present the "status" would delight the heart of Sir Lucius O'Trigger, for it is "a very pretty quarrel just as it stands."

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA, April. Several cases illustrative of Homœopathic practice, reprinted from Hahnemann's Lesser Writings; and the continuation of Dr. Hering's *Materia Medica*, giving the pathogenesis of Sarsaparilla, make up the bulk of this number.

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THE UNITED STATES MEDICAL AND SURGICAL JOURNAL. Vol. III., No. 2, April. This excellent Quarterly is as usual well filled with ably written and valuable articles. Dr. Hale's personal experience with the Cactus is very interesting, and will doubtless be confirmed by many physicians who may read it. We notice also in this issue a review of the "Obstetrics" of Professor Guernsey, written by Professor Ludlam, of the Chicago Homœopathic College. The sage, MacGrawler, in his dissertation on the great science of criticism, informs Mr. Paul Lobkins that it may be divided into three branches, "to tickle, to slash and to plaster." Professor Ludlam appears to have happily *combined* these three varieties. Now that Professor L. has "done" it, we believe this book has run the gauntlet of all the Journals, including our own, and Professor Guernsey may be permitted to exclaim with Macbeth, "For this relief much thanks."

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THE MONTHLY HOMŒOPATHIC REVIEW. April. Henry Turner & Co. London and Manchester.

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THE BRITISH JOURNAL OF HOMŒOPATHY. April. Henry Turner & Co. We notice in this Quarterly a justly severe review of Dr. Sharp's pamphlet on Organopathy, in which that writer, either through ignorance, or otherwise, has attempted to foist on the profession as something grand, new and original, the exploded doctrines of Rademacher and others; exploded ages before Dr. Sharp first saw the light, when the notions of Paracelsus were refuted.

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VACCINATION: Its tested effects on Health, Mortality and Population. An essay by Charles T. Pearce, M. D.,

Member of the Royal College of Surgeons of England; Fellow of the Anthropological Society of London, &c. "Aude Sapere." London, H. Bailliere, 219, Regent St. W., 1868. Large octavo, pp. 129.

This very handsomely printed essay will attract no little attention at this time,—when the subject of vaccination is undergoing an extensive discussion—both from the variety and importance of the statistics with which it abounds, and from the sweeping character of the conclusions which the learned author deduces from them.

His facts indeed we must admit; his figures cannot lie; yet the conclusion he draws, that the increase of the rate of mortality during the period of "compulsory vaccination" is due to such vaccination, we cannot but regard as a *non sequitur*. And even if that conclusion were a just one, he is still far from proving that the mortality under *free variola* would not be far more formidable,—as it would be far more horrible,—than under "*compulsory vaccination*." Stripped of all incidental circumstances, the whole question seems to be narrowed down to the constantly recurring problem of the abuse of a thing so vitiating its use, that the resulting evil does (or does not) counterbalance the possible good. No doubt the present condition of the system of vaccination is exceedingly bad; and our author will have deserved the thanks of the community, in this country as well as in his own, if his labors call public attention to this subject in such a manner as to lead to reform.

No doubt much injury is often inflicted by carelessness and incompetence on the part of those appointed to discharge the duty of vaccination, as an important sanitary measure. But these are reasons for greater care, for actual scientific precision; not for allowing civilized communities to revert to the old regime of small pox, with all its disgusting fatality.

"If, however, the change of blood be necessary to the future well-being of the human subject; and if it be essential that such change should be manifested and produced by an eruptive fever, are we not committing a gross mistake by vaccinating, and thus producing a physiological change, which we do not as yet understand, but which hinders nature in her efforts to throw off a poison,—an impurity of the blood, however it may have arisen?"

Thus reasons the author; but, as it seems to us, with a

succession of *petitio principis*, like Pelion upon Ossa, which might set a logician wild. His work, however, is deserving of a careful perusal, and it may be ordered of "Alfred Heath, 114 Ebury St., London;" or through Bailliere Brothers, New York.

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A MANUAL OF THE DISSECTION OF THE HUMAN BODY. BY LUTHER HOLDEN, F. R. C. S. Assistant Surgeon of, and Lecturer on Anatomy at St. Bartholomew's Hospital, London. With Notes and Additions by ERSKINE MASON, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, and Surgeon to the Charity Hospital, New York. Illustrated with numerous wood engravings. New York, Robert M. De Witt, Publisher, No. 13 Frankfort St., 1868. Philadelphia, Lindsay and Blakiston. Large octavo, pp. 588. From a somewhat careful examination of this work, we are satisfied that the editor has very successfully reached his "aim to place within the reach of the American student the best guide, as he believes, that has yet appeared for use in the dissecting room."

The principal objection to the "Dissectors" in common use are, that their conciseness renders it indispensable for the student to have some other and more complete work on Anatomy open before him, when dissecting; while the minuteness of their type renders their use, particularly in the evening, unnecessarily trying to the eyes. Both of these objections are overcome in this new edition of Holden's Dissector; the extent of its descriptions, the numerous and valuable illustrations, liberal type, clear white paper, and jet black ink, combine to render this work all that can be desired as a reference for the student in practical Anatomy; or for the Physician or Surgeon wishing to refresh his memory. "The illustrations are so clear and elaborate, and at the same time so true to nature; the language plain, and descriptions so perfect, that with such a guide, the difficulties which beset the beginner in his studies are in a great measure removed.

The Tabular Arrangement of the Arteries, Veins and Nerves, and the classification of the muscles according to their uses, will be found of great value to the student in self-examination, and in perfecting his anatomical knowledge. We think that no student who has had an opportunity to examine this "Dissector" should be willing to do without it, even though already provided with others.

## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., Secretary.

THE annual meeting of this society was held on the evening of Thursday, April 9th, and was very well attended. In the absence of the President, Dr. O. B. GAUSE, Vice-President, occupied the chair.

The minutes of the preceding meeting were read, and, after amendment, were approved.

The report of the Treasurer, Dr. A. H. ASHTON, was read and accepted.

Dr. A. KORNDORFER was proposed for membership, and elected under a suspension of the rules.

Dr. JNO. C. MORGAN then introduced to the notice of the Society, the employment of "Acupressure" as a means of arresting hemorrhage.

Dr. MORGAN said:—

Acupressure has now been known to the profession a little more than eight years. About the close of the year 1859, Prof. SIMPSON proposed some seven methods of occluding bleeding arteries by needles or pins. Much has been said and written, pro and con—the advocates of acupressure being enthusiastic in praise; its opponents sweeping in denunciation; and but recently, a quite able article seems to discredit it.

Nevertheless, this fact remains, viz., any substance capable of absorbing the fluids of a wound, is also a certain means of degeneration of the same; since they are thus removed beyond the reach of the nutritive vital influence, and become, like other organic fluids, subject to rapid decay; acting as a ferment by which the newly organized lymph may be entirely deprived of its plastic quality, and transformed into ichor; or at best, into pus; either of which, to say the least, is fatal to primary union.

Now, after much observation, I feel authorized to say that in a large amputation, as in any other incised wound, primary union is the proper aim of the surgeon—the normal issue of the operation. How often, indeed, does it follow, partially, a proper dressing and treatment, even in Allopathic hands; the track of the ligatures always excepted!

It is the advantage of the needle or pin, that it is incapable of *thus* causing degeneration at all. During the *time* which is necessary for completing the *occlusion* of the vessel, say eight to forty-eight hours, it does no harm. Unlike the ligature, it may, *at the proper moment*, be *withdrawn*, before its presence as a foreign body is recognized by the organism—before suppuration can occur; and when so withdrawn, being followed by a slight lymph-exudation, gives no cause for admitting air to the wound—no occasion for delayed union—the parent of exhaustion—of hospital gangrene, of pyæmia, etc.,—those agents of disappointment and of death.

One opponent has asserted that acupressure, in his hands, gave rise to non-union and excessive suppuration. Before admitting so improbable a thing, we must demand evidence of three facts, viz., that the pins were removed not later than the end of forty-eight hours; that the wound was not drenched with the much-abused water-dressing; and that the raw surfaces were kept in quiet, *firmly approximated*, and air excluded, by compresses and bandages; all of which are, I confidently assert, essential to the certainty of primary union.

One real objection applies to this procedure, if carelessly managed, viz., that a restless patient may accidentally disturb the pins, or a meddlesome one purposely remove them. The former event may be prevented by taking care to embed the pin, and particularly its point, finally, in the raw surface, if entered there;—and in all other cases, in all cases—by supporting and defending the projections of the same externally. In one instance, a boy removed from his own femoral artery the pin which secured it, within eight hours after amputation, without causing hemorrhage or any bad symptom!

One inestimable feature we find in acupressure, viz., the ease of controlling secondary hemorrhage from *gangrenous* wounds; where the application of a common ligature *in the wound*, as recommended, is almost sure to fail, by the seat of the ligature speedily becoming gangrenous.

Dr. MORGAN then demonstrated the various methods of SIMPSON, with their recent modifications and improvements.

The hour for the election of officers to serve during the ensuing year having arrived, the election was held with the following result:—President, Dr. Richard Gardiner; Vice-President, Dr. O. B. Gause; Treasurer, Dr. A. H. Ashton; Secretary, Dr. R. J. McClatchey; Scribe, Dr. Bushrod W. James; Censors, Drs. Jacob Jeanes, Walter Williamson, Silas S. Brooks; Committee on Proving, Drs. Adolph Lippe, Walter Williamson.

The following resolution was offered by Dr. Williamson, and unanimously adopted:—

“*Resolved*, That the thanks of the Society be and are hereby extended to the President, Secretary and Scribe, for the faithful and courteous fulfillment of their respective offices for the past year.”

The Vice-President, Dr. O. B. GAUSE, then addressed the Society, congratulating the members on the vitality and evidences of durability exhibited by the organization, citing the failures of the past, and encouraging the hope that this Society will be permanent, and increase in usefulness and influence. Dr. GAUSE then in a few appropriate remarks, presented to the Secretary on behalf of the Society, a handsome gold pen and pencil-case, as a token of appreciation and regard. The Secretary returned thanks for the beautiful gift, and for the kindly feeling which prompted the donors.

Dr. RICHARD KOCH then read a paper on the use of *Cimicifuga racemosa* in diseases of the mind.

(This paper is published elsewhere in this number of the Journal.)

Dr. H. N. MARTIN stated that he had had some experience in the use of this agent. In the case of a young lady who had fever alternating with chilliness, inability to sleep at night, with great restlessness; symptoms worse in morning, he gave *Cimicifuga*, and the same night the patient slept well. Although she had been ill for six weeks, the next day he discharged her as cured. A young woman in the ninth month of pregnancy, complained of shooting pains in lower part of abdomen, shooting from left to right and back again, causing her to double up. She also was worse in morning, and very restless and sleepless at night, with alternations of heat and cold. *Cimicifuga* was prescribed with very excellent results. In both the above related cases, the 1m potency was given. Dr. M. stated that he is now proving the drug on a young colored girl, who commenced by taking a drop of the tincture every hour; the second day two drops, and thus increasing the quantity, until she is now taking twelve drops. Every day she has pains shooting across the bowels from side to side. They are so severe she has to “double up.” She has had much frontal headache, with flushes of heat.

Whenever he has a case in which there is *great restlessness at night* with inability to sleep, he always thinks of *Cimicifuga*.

Dr. WILLIAMSON stated that he used *Cimicifuga* many years ago, but from want of reliable data or indications, he had neglected it. Some few weeks ago, however, through some accidental circumstance which he did not then remember, the medicine was brought to his notice. He was called to attend a case of chills and fever in a young, robust girl of florid complexion. She was taken with a paroxysm one day at 1 o'clock, and again on third day about 12 M. The attack was accompanied with pains in the lower part of the abdomen, the mother thinking it the accession of the first menstrual period. He had at first given *Arsenicum*, but when these pains, shooting across the lower part of the abdomen, were manifested, he prescribed *Cimicifuga* 1st dec. every two or three hours, for about three days, and there was no return of the chill.

Dr. H. N. MARTIN.—This remedy is an active principle of what is termed "mother's relief." A physician in Buffalo had informed him that he had been using *Actea racemosa* before parturition, with good effect. He gave it twelve or fifteen days before confinement, and was under the impression that it relieved the pains and sufferings of that period, and rendered labor easier. In one case, in Dr. Martin's hands, where the woman suffered to that extent that she could not walk in the upright position, but had to bend over so that her fingers could touch the floor, he gave *Actea*, 6th empirically, with considerable relief to the patient.

Dr. J. C. MORGAN.—Stitching pains across the hypogastrium may be characteristic of *Cimicifuga*, but that does not prevent their being characteristic of other remedies as well. He had been using *Ratanhia* successfully for these stitching pains from side to side of the abdomen.

He hoped the Homœopathic pharmacæutists, at their proposed convention in St. Louis, will turn their attention towards the names of our remedies. This remedy has been spoken of as *Cimicifuga racemosa*, *Actea racemosa*, and is also termed *Macrotys racemosa*. This tends to confusion. He had been informed that a physician had applied to a pharmacist to be furnished with all three. During the pangs of maternity he (Dr. M.) uses *Camphora* both to ameliorate the pains and to bring them on when they have ceased.

Dr. MARTIN explained that the pains of *Cimicifuga* are not stitching, they are *shooting*. They shoot across the abdomen, and then the patient is "doubled up" as from cramp.

Dr. JEANES.—Dr. Morgan has touched upon a subject of considerable importance; the confusion of names for our remedies, and the number of synonyms. I think it would be a good plan, if there was time before the meeting of the State Society, that a committee should be appointed to draft a list of names to be applied to our drugs, which being adopted here, could be presented in the State Society.

Dr. Jeanes was informed that there would not be time.

Dr. Williamson then read a paper relating to the *holding of patents*, by physicians, stating that he desired to have the subject fully discussed. The hour being a late one, it was moved that when the Society adjourns, it shall adjourn to meet on next Thursday evening, April 16th, to discuss the question, "is it proper for a physician, under any circumstances, to hold a patent for a surgical instrument or other appliance used by the profession?"

The following gentlemen were appointed Delegates to the forthcoming meeting of the State Medical Society: Drs. Silas S. Brooks, O. B. Gause, H. N. Guernsey, J. C. Morgan, and R. Koch.

Delegates were authorized to appoint others in their stead, if they find themselves unable to attend.

Adjourned at 10.30.

## ADJOURNED MEETING, April 16th.

In the absence of the President and Vice-President, Dr. H. N. Martin was called to the Chair.

Dr. WILLIAMSON then read a short paper on "Copyrights and Patents," (published in this number of "Hahnemannian Monthly.")

Dr. WILLIAMSON said that this subject had never been fully and freely discussed, and that it might take that course he had introduced it to the Society. He hoped, that after a full and free discussion of this question, the profession would see that it is proper that the ban of intolerance should be removed.

Dr. BUSHROD W. JAMES said, that while he considered a man inventing a new or better surgical instrument might have a patent, yet he thought that all means concerned in the relief of patients, or the saving of life, should certainly not be patented. And if any instrument involves in its use the saving of a life, it should not be patented. Every one entering the medical profession should feel that he is entering a sacred domain, where the demands of humanity are paramount, and it is his duty to save life if he can, and to open widely all the ways of saving life. If a man holds a patent, he excludes all members of the profession—unless they pay what he may choose to demand. Suppose that Chloroform and Ether had been patented, what would have been the result? In regard to the art of embalming, or anything medical, not connected with the mitigation of suffering or the saving of life, he had no objection to patents.

Dr. PEMBERTON DUDLEY said, he had been thinking over this subject for some time, and had come to a conclusion. Dr. Williamson has spoken of the odium attaching to the holder of a patent, particularly by the medical profession. Men of the best education in the profession look upon the holding of a patent by a physician as something derogatory to professional character; while, on the contrary, those outside the profession, who are opposed to patent laws, are persons of no intelligence whatever. It is from a want of a proper conception of what a patent is, that this opposition is produced. It is by many supposed that a patent is procured that the thing patented may be hidden. On the contrary, it is a bargain made between the inventor and the public. The inventor, in consideration of his having the monopoly of sale, so to speak, is bound to put his invention within reach of the public, in a limited period, or the patent falls. The French law recognizes the rights of an inventor in his invention, while the United States government looks a little farther. It also recognizes that right, but does not ignore the duties every man owes to society. Congress has enjoined on inventors that they shall diffuse their knowledge. When we, then, consider that statesmen, scholars and thinkers, of present and past generations have given testimony in favor of patents, physicians go a great way in discarding them. But, it is said, physicians do not object to patents, *per se*, but only to patents being held by members of the medical profession. If the invention was the result of a dream, the inventor would then, he conceded, not be entitled to any rights or privileges in his invention. But it is the result of toil and study—of hard toil and study. The Telegraph was the result of the combined study and labors of a Franklin, a Wheatstone, a Faraday, and a Morse, and others as well. Would these men have toiled and labored for the good of future generations solely, without the prospect of the patent protection? For himself, he does not believe that the medical profession is regarded by its members so much as a field for philanthropy. Men may get this sentimental idea into their heads, while at college, but it is soon taken out of them in practice. How much more progress might have been made in the profession, especially in the invention of surgical instruments, had it not been for this odium that is cast

about the patenting of instruments? How many lives of women might have been saved, if Dr. Paul Chamberlain had had his instrument patented and made public? and even himself might have made more money than by going from house to house delivering women. All attempts to blot out the patent laws, as applied to medicines and instruments fail, and justly fail; but if the weight of the profession was thrown in favor of properly modifying them, it could be done, so that what should not be patented could not be.

Dr. B. W. JAMES did not wish to be understood as opposing patent laws. On the contrary, he regarded them with great favor, as incentives to industry and inventive genius; but he is opposed, and decidedly opposed, to physicians securing patent rights for medicines or instruments useful in mitigating suffering or saving life.

Dr. JACOB JEANES.—The command was given to the apostles "Freely ye have received, freely give." What any one man contributes to the profession amounts to a very small sum, while that which he receives from the labors of others is very great. The one man, therefore, should willingly let his contribution go into the general store. Medicine is, and has always been styled, a liberal profession, and he should like to see its character maintained as such.

The patent laws, even as they are, are very cramping. A man in following his own business does not know exactly when he is innocently infringing upon another man's patent. Who is it that usually reaps the profit from an invention? The history of patents tells us, that it is seldom the inventor: One man invented the spinning jenny, while another got the benefit of it. For whatever relates to the saving of human life, or the saving of human suffering, nothing should be permitted to interfere with the freedom of their use. If, in medicine, one thing is permitted to be patented another will be, and there will be no end to it. I may go into the woods or fields, and dig up a root or a plant, and experiment with it, and then find that some one has a patent for its use in certain diseases.

Men are inventing for their own comfort and advantage. It is the scarcity of labor that causes the resort to inventions. In regard to the copyright of a book, he had no objection. He paid cheerfully, because he knew that the money went into the author's pocket as compensation for his labor; yet, at the same time, he did not believe that men wrote books because the copyright law existed. Homer had no copyright for the *Iliad*, nor Virgil for the *Æneid*. The best books we have were written before there was any law protecting authors.

He was told of a valuable instrument (Loomis' Bullet Forceps) that had been patented. The inventor died, and thus the instrument was lost to the community, simply because it had been patented.

Dr. WILLIAMSON wished to correct a misapplication of Dr. Jeanes. While it is true that Homer's *Iliad* was written before the days of patent laws, it was then in the hands of very few; but now, thanks to the inventive genius and ingenuity of our forefathers, it may be placed in the hands of everybody.

Dr. DUDLEY.—If the inventor of the bullet forceps, just alluded to, died, any instrument-maker had a perfect right to make and vend them.

Dr. GEO. R. STARKEY stated that he had canvassed this subject thoroughly in his own mind. He had found the illiberality to extend very far. An instrument, for instance a truss, that has been invented and patented by any one outside the profession is not to be used; we are not allowed to buy it, because it is patented. He had become interested in a discovery for the treatment of paralysis—which, he would say here, had been very successful in his hands—the invention of a man outside

the profession, who had spent much time, labor and money on it, and by regular bargain and sale, he (Dr. Starkey) had become proprietor of the patent. Knowing, as he did, all the odium that attached to this step, and that would attach to it, he certainly would not have taken it, had he not convinced himself that there was nothing incorrect in doing so. If Chloroform and Ether had been patented, who would have been worse off for it? Would an ounce less have been used? It might have cost a few cents more, that is all. Who is injured by the patenting of the process by which the Vulcanite Rubber used by Dentists is prepared? The thousands of people who have been benefited by its introduction do not complain.

Dr. ARROWSMITH.—Before attempting to be liberal, should we not first be just? and does not justice demand that the inventor should have some surety for his invention?

Dr. JEANES thought, that in view of the feeling in regard to this matter, it would be well to omit the clause relating to patents from the Code of Ethics.

Dr. WILLIAMSON.—Dr. Jeanes has given us a precept from divine source. He would reply from the same source: "He that provides not for his own house is worse than an infidel." In view of this an inventor should take the full benefit of his invention. That a man may run foul of another's patent may occur as the result of an accident. He would like to do away with the idea that the profession is a liberal one, while it is replete with ideas full of illiberality. Why, where the saving of life is concerned, if a man does not patent his invention, but keeps it a secret—as did a physician whose reputation was made by the use of a gorget in lithotomy, that he kept secret—he does not do his duty to the profession. The Judges of the Courts construe the patent laws to be free from odium. A patentee is not to be regarded as a person who has done something wrong, or committed a crime.

A surgeon or accoucheur may make his fortune by the use of an instrument for which he may be indebted to some obscure individual. Should not the obscure inventor have some claim on the surgeon or accoucheur? Dr. Williamson could see no difference between the copyright of a book and the patent of an instrument, and there is not considered to be any difference. After a certain time, when the inventor may be supposed to have had a reasonable amount of profit from his invention, it then becomes the property of the public. If called upon to vote in this matter, he should vote to strike from the Code of Ethics the clause referring to patents.

Dr. B. W. JAMES said that he did not hold the idea that a physician should not use a patented article, but he should not himself take out a patent for any medical or surgical appliance. As for the patenting of an article bringing it before the profession, as Dr. Williamson alleges, experience does not prove it. It rather proves the reverse. If it is made public by the journals, as a free thing, it gets sooner into the hands of the profession, and no time is lost as by the patenting method.

Dr. WILLIAMSON.—A man will get out a patent and lay his invention before the community, as soon as he can, under the stimulus of getting compensation for his labor. The stimulus of prospective gain underlies most human motives, and thrills every fibre. If an invention is not patented it is more apt to lie in the office of the inventor, whereas if it be patented it will be spread over the whole country as soon as possible, so that the charge of loss of time is not correct.

Dr. R. KOCH.—We are constantly using for the sick, things that are patented—bed-pans, ventilating apparatus, etc.; why not, therefore, use a patented instrument?

Dr. DUDLEY.—The odium seems to attach to the encouragement of the use of patented articles as well as to taking out a patent for them. Why should a physician, more than any other man, give his whole time and labor for the good of humanity, and perhaps, at the same time, allow his wife and children to go to the poor-house?

Dr. WILLIAMSON stated his idea to be, that in a Code of Ethics there should be nothing said in regard to physicians taking out patents. It should be left open; and if a physician does take out a patent for any medical appliance, let him settle it with his own immediate colleagues. There are now from twelve to fifteen thousand patents taken out annually. It must be that the patent laws stimulate the inventive genius of our countrymen. The ancients had no patent laws, and they were barren in inventions. The French allow a man to keep his inventions secret, and the government buys it for the benefit of the people. In England they give a patent for anything, and there is no investigation. In this country, however, we have a Commissioner of Patents who examines into the claim. The inventor must prove that he is the inventor—that it is something new, &c. If it were not for the stimulating effect of the patent laws, the great inventions of the day would have lain dormant. Our forefathers saw the necessity of fostering genius, for almost the first Act of the Congress of 1790 was the beginning and base of our present Patent Acts.

The Society adjourned at 10 o'clock.

### PITTSBURGH HOMŒOPATHIC HOSPITAL.

We have received the following very gratifying account of the second annual meeting of the contributors to the Homœopathic Hospital and Dispensary of Pittsburgh, Pennsylvania, held April 14th, 1868, which affords us much pleasure to publish. We trust that ere long Philadelphia and other cities will take heart and emulate the example set them by the physicians and laymen of Pittsburgh. We are well acquainted with the untiring energy and devotion, particularly of the medical fraternity of that city, and feel assured that with the same degree of zeal, as much may be done for humanity and Homœopathy in every city in our land.

The meeting organized by calling Major WM. FREW to preside, and Dr. J. C. BURGER to act as Secretary.

The report of the President, Hon. WILSON McCANDLESS, was not submitted, owing to his necessary absence from the city.

From the report of the Executive Committee, submitted by Dr. COTZ, we learn the following facts in relation to the operations and financial condition of the Institution: The estimated value of the real and personal property is about \$45,000, the last payment upon which has been made by effecting a loan from Major Frew of \$15,000 upon very favorable terms to the Institution. The interest on this loan is fully provided for by rents from that portion of the property not occupied for hospital purposes. The hospital has been put in complete repair, and furnished throughout for the accommodation of thirty-eight patients, besides employés. The receipts from all sources during the year, were \$30,140.64. The expenditures were \$29,634.19, leaving a balance in the Treasury of \$501.46. The total amount realized since the hospital was organized, is about \$50,000. During the past twenty months there have been admitted and maintained, 256 patients, and 2,504 prescriptions have been issued from the dispensary department, gratuitously to the poor of the city and vicinity. There have been 162 patients admitted during the

past year, with a mortality of less than seven per cent. More than two-thirds were charity patients. The library has received large additions, donations having been made by Mr. J. G. Siebeneck, J. G. Backofen & Son, Major Cassell, and others.

Auxiliary to the hospital is the Ladies' Homœopathic Charitable Association, organized a short time after the hospital was opened, and contributing largely to its success. The Society have bought from the hospital, two free beds at a cost of \$1,000 each, and maintained an average of fourteen charity patients at three dollars per week. Its Executive Committee meets weekly, to take action on the admission and discharge of charity patients. There is also a committee who visit the hospital twice a week to inquire into the comforts and necessities of the inmates. By their Fair last December, they realized the handsome sum of \$7,297.

Major William Frew and James B. Murray, Esq., were on motion declared Trustees for life, by reason of benefactions of \$1,000 each. This necessitated the election of two Trustees to fill their unexpired term.

The election was then held, and resulted in the choice of Mr. George Porter and Dr. J. H. McClelland, Jr.

The following named gentlemen were elected Trustees for three years: George Bingham, Esq., T. S. Blair, Henry Higby, James A. Hutchinson, W. T. Shannon, W. A. Herron, W. K. Nimick, W. K. Burke.

The Board of Trustees organized by electing Hon. Wilson McCandless President; Major Frew, First Vice-President; Captain William Metcalf, Second Vice-President; Treasurer, George Bingham, Esq.; Librarian, Major J. M. Knap; Secretary, Dr. J. C. Burgher.

Executive Committee—Hon. Wilson McCandless, Major Frew, William Metcalf, Dr. Cote, Edwin Miles, Dr. Burgher, Captain James Boyd, J. H. McClelland, Jr.

## MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

### TWENTY-EIGHTH ANNUAL REPORT.

*First Day, April 8.*

THE twenty-eighth annual meeting of the Massachusetts Homœopathic Medical Society was held in the Meionaeon, the President, Dr. I. T. Talbot, in the Chair.

The Secretary, Dr. L. McFarland, read the records of the semi-annual meeting, and also the proceedings of the Executive Committee.

The President of the Society then delivered the introductory address.

Alluding to the formation of the Society by five gentlemen, in 1840, he rejoiced in its constant and steady increase in numbers and influence, and expressed a belief that the future of Homœopathy would be still more prosperous. The general disposition to ignore the claims of Homœopathy in medical attendance in hospitals and other public institutions was deprecated.

Dr. Talbot declared that the burlesque and satire which were first visited upon that system of medical treatment had been outlived, and the arguments adduced against it had been refuted. In proof that "the beginning of the end" had been already entered upon, the fact was stated that the eminent veteran practitioner, Dr. Charles J. Hempel, had

recently been appointed to a medical chair of Homœopathy in the University of Michigan, the largest educational institution in the country—the first instance of the kind on record.

The Executive Committee recommended the following named persons for election to membership, the Board of Censors having approved of each:

Drs. A. F. Squier, of Boston; W. G. Ware, of East Boston; H. R. Macomber, of Jamaica Plain; Charles F. Robinson, of East Boston; F. H. Underwood, of Millbury; and Mrs. Mercy B. Jackson, M. D., of Boston.

The five gentlemen were unanimously elected; but, as the ballot on the admission of Mrs. Jackson was about to be taken, Dr. F. H. Krebs, of Boston, desired to read a protest against the admission of any woman to the Society. He quoted a number of texts of Scripture to show that, by divine law, woman was placed beneath man, that she was not to teach or exercise authority in the churches. He referred, at considerable length, to the effeminacy which characterizes men when out of their appropriate sphere, and claimed that women, when they were similarly misplaced, became bold, arrogant, tyrannical and full of folly. He said that he equally detested an effeminate man and a masculine woman. In conclusion, he declared that the admission of women to membership would result in the eventual destruction of the Society.

Dr. S. M. Cate, of Salem, believed that any person having capacity to cure diseases should be allowed to exercise it, and there was no impropriety in women practising medicine, if they had the capacity and requirements necessary.

Dr. Nathan R. Morse, of Salem, agreed with the last speaker, and claimed that woman was the equal if not the superior of man in intellect, citing, in proof of the fact, that in the various institutions of learning, the females excelled the males in general proficiency. He declared that he was not afraid of being run off the track by female physicians.

Dr. Edward P. Scales, of Newton Corner, thought the question was whether females were wanted in the Society, not whether they were qualified for physicians.

A number of other gentlemen took part in the discussion, and after motions for indefinite postponement and to lay the subject on the table had been defeated, a ballot on the admission of Mrs. Mercy B. Jackson, M. D., was taken, which resulted in her rejection, the vote standing 31 to 37.

Dr. George Russell, of Boston, from the Committee on the Library, presented their report, closing with recommending an annual appropriation for the purpose of increasing the library, and also suggesting that each member be requested to contribute to the library such book as he can spare. The first recommendation was laid on the table, and the other was adopted.

Dr. E. C. Knight, delegate from the Connecticut Homœopathic Society, and Dr. Gallinger, delegate from the New Hampshire Society, were introduced, and made brief statements in regard to Homœopathy in their respective States.

The Society then adjourned for an hour, in order to partake of an excellent lunch which had been provided in another room.

#### AFTERNOON SESSION.

The Society was called to order at 1½ o'clock, when Dr. G. W. Swazey, of Springfield, delivered an address, his subject being "A Scientific Basis for Homœopathy." He discussed the subject in an interesting and instructive manner, affirming that the fundamental truth of Homœo-

pathy was the familiar saying, "*similia similibus curantur*," "like cures like." He then announced the following as his points to be considered: 1. To comprehend as fully as possible the nature or quality of our life in its normal or orderly condition; 2. To consider it in its abnormal or disorderly condition, including and constituting in general our diseases; 3. To unfold the relation of man's life to the lower orders or forms of life; and 4. To discover thereby a therapeutic law.

At the close of Dr. Swazey's paper, a ballot was taken for officers for the ensuing year, resulting in the election of the following:—President, Dr. H. L. Chase, of Cambridge; Vice-Presidents, Drs Conrad Wesselhoeft, of Dorchester, and H. B. Clarke, of New Bedford; Corresponding Secretary, Dr. E. U. Jones, of Taunton; Recording Secretary, Dr. L. Macfarland, of Boston; Treasurer, Dr. T. S. Scales, of Woburn; Librarian, Dr. J. T. Harris, of Roxbury; Censors, Drs David Thayer and F. H. Krebs, of Boston; C. H. Farnsworth, of East Cambridge; Henry C. Angell, of Boston, and Daniel Holt, of Lowell.

Dr. A. J. Bellows, of Boston, was then invited to read his paper on "The Philosophy of Living," which was assigned for this afternoon. He complied with the request, describing first the various chemical combinations of the human body, in a very interesting manner. He then considered at length the proposition that man's food should be regulated by his employments, showing that different articles of diet were suited to different individuals, chiefly on account of the character of their pursuits. He claimed that alcohol, being a disorganizing element, was injurious to the system; but that in its organized condition—in sugar and similar articles—it was doubtless beneficial. He also declared that iron, which at the present time is prescribed so extensively by Allopaths in cases of consumption, is actually detrimental, from the fact that it produces tubercles in the lungs.

The meeting then adjourned to meet next day at 11 o'clock.

### Second Day.

The Society was called to order at 11 o'clock, by the President.

The first business in order was the reports of societies. Dr. G. M. Pease, Secretary of the Boston Academy of Homœopathic Medicine, and Dr. J. W. Hayward, Secretary of the Bristol County Society, gave some facts relative to the organization and growth of those societies.

On motion of Dr. H. P. Shattuck, of Boston, it was voted that members of the Society be requested to take measures to form local or county societies throughout the State.

A number of gentlemen having medical charge of various charitable institutions, gave short accounts of the introduction and successful practice of Homœopathy in those institutions,—Dr. Shattuck, of Boston, speaking for the Home of the Angel Guardian; Dr. Levi Pierce, of Charlestown, for the Winchester Home for Aged Women; and Dr. Charles Cullis, of Boston, for the Consumptives' Home. They each claimed that the results of their treatment had been far more successful than that of Allopathy.

The President stated that the Home for Aged Women and the Young Women's Christian Association, both of Boston, had each invited Homœopathic practitioners to prescribe for persons under their charge.

Dr. S. Whitney, of the Boston Dispensary, and Dr. A. M. Cushing, of the Lynn Dispensary, gave reports of those establishments, which were eminently satisfactory.

The Secretary read the report of the Worcester County Homœopathic Society, which represented the Society as being very prosperous.

All of the above reports were accepted and referred to the Committee on Publications.

Dr. Krebs, of Boston, having met with some success in securing photographs of members of the Society, presented a magnificent album containing some fifty pictures (with room for more) to the Society, which was accepted with thanks and applause.

Dr. Krebs, from the Committee appointed on Alterations of the By-Laws of the Society, reported that no change was needed; but they closed with recommending the adoption of a resolution requesting the Secretary to enclose to members in the notices of the annual meeting, a list of candidates for the various offices of the Society. Considerable discussion arose on a substitute to the resolution, providing for the nomination of the candidates at the annual meeting. The substitute was finally defeated, and the original resolution adopted.

Dr. James Hendenberg, of Medford, presented the report of the Committee on Clinical Medicine. He stated that he had received a large number of communications in response to circulars that he had addressed to each member of the Society. The reading of most of them was, by vote, dispensed with, but Dr. Conrad Wesselhoeft complied with an invitation to give the chief points of his paper.

The paper from Dr. Samuel Gregg, of Boston, was also read. Both were very interesting.

An inquiry being made if any physician present had met with cases of scarlatina without eruption, an affirmative response was made by several, and a number of instances were described.

Dr. J. C. Neilson, of Charlestown, presented a very peculiar case of arrested development in the case of a female of twenty-four years of age, caused by a severe attack of brain fever at the age of five and a half years. The Society voted thanks to Dr. Neilson for presenting the case, and requested an account of it for publication.

The meeting then adjourned for one hour, for lunch provided in another room.

#### AFTERNOON SESSION.

The first part of the afternoon session was occupied with a discussion of uterine displacements; participated in by a number of gentlemen.

At the close, Dr. E. U. Jones, of Taunton, stated that he had partly prepared an abstract of the various papers read before the Society during its history. The Committee on Publication were directed to arrange for its publication, the President stating that \$400 had been subscribed towards that object.

Dr. Jones also gave a description of the methods adopted by physicians for keeping accounts of the different cases under their charge.

The President stated that ninety members of the Society had been present at this annual meeting, being sixteen more than ever before attended.

The subject of *Materia Medica* was called up, and Dr. Cushing, of Lynn, related his experience in the use of Mullen oil (botanic name *Verbascum thapsus*) for deafness and *encuresis*.

A vote of thanks to the retiring officers of the Society, and especially to the President, for his uniform courtesy, was unanimously passed, and a copy of the President's address was requested for publication.

Dr. Talbot expressed his gratitude to the members for their kindness to him, and expressed his hope that the Society might increase in usefulness and prosperity.

Considerable discussion arose as to the comparative merits of low and high potencies.

The Society then adjourned *sine die*.

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# THE THIRD VOLUME

## OF THE

# HAHNEMANNIAN MONTHLY

Conducted and published by the Faculty of the Homœopathic Medical College of Pennsylvania, will commence upon the first of August, 1867.

The objects sought to be attained in establishing a new Homœopathic Periodical, may be briefly stated, as follows :

I. To disseminate, to advocate, and to defend, in their simplicity and purity, the great Homœopathic principles of the Law of the Similars, the Single Remedy, and the Dynamized Medicine.

II. The development and improvement of the Materia Medica, by the publication of Provings, and by recording the results of clinical experience with single remedies, in cases illustrative of the Homœopathic Law.

III. To promote the best interests of Medical Education and of Homœopathy itself, by elevating the standard of our Schools, and by advocating pure Hahnemannianism.

IV. To establish and confirm in the Homœopathic Faith, its enlightened and intelligent friends and supporters, by making them better acquainted with the principles and the practice of our Science and our Art.

The Hahnemannian Monthly will secure for the benefit of the Profession and of the community, much valuable material in elucidation of the Materia Medica, which might otherwise be irretrievably lost.

The current Medical Literature of the day, Homœopathic and Allopathic, will be carefully noted, that the readers of the Monthly may have the benefit of everything new and important in Medical Science.

Important Medical and Scientific Works will be reviewed ; and every effort made to render the Monthly in the highest degree practically useful to the Profession.

Believing freedom of discussion essential to the development of the truth, we shall exclude no good Article because it may not accord with our own views ; each writer being alone responsible for his own Articles.

The Hahnemannian Monthly will be published in octavo form ; each number to contain 48 pages, similar in size and general appearance to the American Homœopathic Review.

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# HAHNEMANNIAN MONTHLY.

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## THE PREPARATION OF HIGH POTENCIES.

BY ADOLPH LIPPE, M. D.

(Conclusion.)

THE delay in placing before the profession the promised statement of Dr. Carroll Dunham, as to his reasons for making high potencies, and the manner in which he prepared them, has been unavoidable, and very much to our regret. The disappointment of the readers of the *Hahnemannian Monthly*, will, however, be more than counterbalanced by the pleasure they will receive from reading the following excellent letter from Dr. Dunham, written in reply to a request to know his manner of preparing high Potencies, and which is given entire and as written.

68 *East Twelfth St.*, New York, April 22, 1868.

MY DEAR DR. LIPPE:—I accede, without hesitation, to your request for a statement of the mode in which my “high potencies” were prepared. Such a statement has always been frankly given to every one who asked it. I should be unwilling to engage in the business of Crypto-Pharmacy.

Let me introduce my statement by saying that, when I planned and carried into execution my method of preparing potencies, my only object was to settle, if I could, for my own satisfaction, certain questions which then interested me,

and which applied to *low* potencies, as well as to *high*; for, at that time, I used *low* potencies as a rule, and *high* ones only exceptionally. I did not prepare them for sale, and have never sold them; nor should I ever have placed the high potencies in the hands of a Pharmaceutist, but that of late years so many physicians applied to me for the "identical preparation" with which I had treated such or such a case, that I was compelled, as a matter of convenience, to request the Messrs. Smith of New York\* to take charge of them, and to furnish applicants at as low a rate as would compensate themselves for time, trouble and stock.

My potencies were prepared in 1851. At that time, I had had opportunity, in the practice of Dr. Bœnninghausen, to observe the action of the potencies of Jenichen and those of Lehrmann. Jenichen's certainly acted with great power. It was alleged, however, by some who admitted their efficacy, that:

1. They were not what they purported to be; that although called the 200th, 800th, 40000th, &c., they were really identical with Hahnemann's 3d and 6th dilutions.

2. Others ascribed their peculiar excellence to the *force* with which Jenichen made his *succussions*. And to the neophyte was exhibited the portrait of the stalwart fabricator, who is represented with bellying biceps, and holding in his hand the large vial, in which his vigorous arm-shake would make the dilutions "jingle like silver coins."

3. Others attributed the superiority of Jenichen's potencies to something which they called the "magnetism" of the man who made them; and claimed that all potencies would be efficacious or otherwise according to the degree in which

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\* No other Pharmaceutist has ever received any of my potencies from me; nor any in the liquid form from Messrs. Smith. Whoever offered to sell "Dunham's 200ths" in liquid form, offers a spurious article (the Messrs. Smith of New York excepted).

their maker might possess and impart to them this mysterious "ism."

Here then were three questions:

1. Will *bona fide* centesimal high potencies act upon sick people?

2. Does great force, applied to the succussion, add to the efficiency of potencies, whether high or low?

3. Is any force(?) added to remedies by the personality of the succussor; or would potencies, whether high or low, prepared by machinery act as well as if made by hand?

Hoping to gain some light on these points, which then were more seriously regarded and discussed than they now are, I prepared my remedies as follows:

Determined to use machinery for succussion, so as to test negatively question No. 3, and to use a force far exceeding the brachial power of any man, in order to throw light upon No. 2, I availed myself of an abandoned oil mill, in which, by water-power, four stampers, consisting of large oak timbers, eight inches square and eighteen feet long, were, by a cam movement, lifted and let fall a distance of eighteen inches. By means of strong, oaken receptacles, firmly bolted to these stampers, 120 vials (more or less), were succussed at one time, and thus that number of remedies was, by a single operation, advanced one degree in the scale of potentization—a great economy of time. The force with which the succussions were made was considerably more than that of a half ton falling eighteen inches, greater therefore (by a rough computation), than that of six Jenichens (or 10 Finckes), falling bodily, bottle and all, through the space of an arm-shake. One hundred and twenty-five such succussions were given to each potency.

It was difficult to find a bottle that would endure such rough succussion. Finally, I chanced upon some two-ounce "saddle-bag" bottles of very thick and well annealed glass, which stood the test. I used a *single bottle for each remedy*, making the successive potencies in this bottle. Having

found, by a series of careful experiments, that a method of draining which I adopted, left on the sides of the vial a quantity of liquid equivalent to two drops, I added 198 drops of alcohol and subjected it to succussion, and regarded the product as the potency next in order, and so denominated it. Thus the proportion of 1 to 99 was preserved, and in this way my potencies were made and numbered from 1st to 200th.

If *force* in succussion were of any great value, my preparations ought to be superior to others.

If the "magnetism" of the maker, imparted by the hand while succussing, were essential to the action of the potency, they should be good for nothing; for they were made by machinery. Questions No. 2 and 3 receive some light from my experiments; while, as regards No. 1, I can only say that, to me, they prove that remedies in the 200th centesimal potency, using terms as Hahnemann used them, are efficacious in medical practice; for, with them, I remove disease, both acute and chronic, every week, month and year.

Such was my method. I do not defend nor recommend it, but Crypto-pharmacy being repugnant to my feelings, I frankly state it.

Such are my "potencies." As I have not made merchandise of them, I do not offer them for sale, nor profit by them pecuniarily. I have no temptation to "hawk my wares," nor to extol them. I simply say that—the list comprising most of our polychrests and many drugs beside—I have, since 1851—for seventeen years—used them constantly, and with few exceptions, exclusively, in my practice; used both high and low; for several years the low almost exclusively, then gradually the higher, and now, in most cases, the 200th. Whatever I have accomplished in treating the sick with drugs, has been done with these potencies thus prepared. Several of my younger colleagues have used them exclusively, and with satisfaction.

As to their action when compared with other "high po-

tencies," I confess myself too incompetent an observer to hazard an opinion. I have used Lehrmann's 200th and sometimes fancied mine were better. I have used Dr. Fincke's preparations with most excellent results. His 1000th of Gelseminum was the first preparation of that drug which I ever used, and the one on which I learned its great value in practice. Not knowing the mode of preparation, I could not venture to compare it with any potency of a known grade.

It might not be amiss to say that I took great care to procure, both in Europe and America, the best crude preparations, with which to make my potencies. Hoping to have satisfied your queries, I am

Yours, very truly,

CARROLL DUNHAM.

The mode and manner of preparing the 30th potency was fully given to the profession by the first potentiator, Samuel Hahnemann. The mode and manner of preparation of the 200th potency by Mr. Lehrmann and Dr. Carroll Dunham have been made known in like manner, but we do not yet know the mode and manner or the principles on which Jenichen and B. Fincke, M. D., accomplished their highest potencies. If we knew the principles on which these last named potentiators accomplished their high aims, we might draw some conclusions from the practical results following the administration of these differently prepared and differently numbered potencies. They might also be proved on the healthy, and we are quite glad to find the propositions made by us in Vol. III., No. 3, page 121, viz: that the proving of various potencies will solve in a great measure the question of "The Dose," has been accepted by no less a man than William Sharp, M.D. The difficulty thrown in the way of proving, at present, by the necessity of tedious and frequent comparisons between the results of the variously prepared potencies, is the consequence of the persistent silence of the custodian of Jenichen's secret, and of Dr. B. Fincke. All the experiments so made, sink into utter

nothingness, are utterly useless to the profession, and we come no nearer solving questions so necessary to be answered if we would not retard the steady progress of our science. All the fine talk about matter and force is based on certain suppositions, not tenable. We wish to be able to ascertain in a degree amounting almost to a mathematical certainty, whether a division of matter alone, or potentiation (concussion) alone, or in what degree both combined give force to the variously made preparations. If actual experiment reveals to us the difference of force inherent in and developed by the use of these various preparations, a want of knowledge of the manner of their preparation will debar us of the legitimate privilege of drawing our conclusions. And were these conclusions before us, and also the provings of these variously prepared medicines, could we not then confidently hope, while diligently accumulating facts, to find an ultimate rule for individualizing in every case of sickness, not only the proper potency, but also the proper preparation? It almost seems as if the very great principle of individualizing had been lost sight of by the silent secret keepers. We take here the further liberty to remark, that our progress in further developing our school can only be made through the united labor of many persons; that a separation of labor must retard progress; that a refusal to assist the conscientious search after facts and data known to but "The Ring," is not in accordance with well established rules among professional men. "The Ring" keeps silence, and having nothing to say, forces upon us the most unwelcome opinion that no reasoning, no appeal to a sense of duty, or even propriety, will ever induce our learned colleagues to divulge their secrets. This is a new chapter for the writer of medical history. And as we live and labor for posterity, let it go on record, that we do hereby solemnly protest against the ill advised and ill defended principle that "Secrecy advances Homœopathy." We further protest against the assumption that because "The Ring" (small as it is), advocates this principle, we all, the whole profession, young

and old, here and everywhere, should resolve ourselves into a "mutual admiration society." We have made such statements and we have laid such facts before the profession as were at our command; we offer to correct them if they are not according to truth; we offer to apologize for any error committed. We have entered our protest against "The Secrecy Ring" and its injurious principles, and we further appeal to the profession to sustain us in the course we were compelled to take. It is for them to pass a final judgment in this very important matter, so laid before them.

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## AMPUTATION OF THE LEG.

BY J. H. McCLELLAND, M. D.

IN the month of January was called to see a boy, James Scott, *æt.* 13, suffering with Caries of the ankle joint. States that about the 1st of July last, his ankle became inflamed and painful (does not remember having hurt it), and finally opened and discharged pus in considerable quantity, which continued to this time. The only relief he could obtain (under O. S. treatment), was from *Morphia*, and he had used large quantities of this anodyne.

I found him weak and emaciated, with no appetite; the ankle swollen, red and painful, and the foot distorted like a *Talipes varus*. There were eight fistulous openings about the ankle and foot, and the probe could be passed in almost every direction. The *Calcis* was nearly bare at the heel, and the other bones of the *Tarsus* were more or less involved, as were also the ends of the *Tibia* and *Fibula*.

Under these circumstances, amputation was the only alternative, but his condition was such as not to permit of the operation immediately.

I had him removed to our hospital, where he could be better attended, put upon a good diet, and administered *Bella.*<sup>6</sup> every four hours. This relieved the pain and

granted the much needed sleep, infinitely better than *Morphia*. He received this remedy at longer intervals for a week, and then got *Calc.*<sup>30</sup> twice a day, for a few days. After having been in the hospital a couple of weeks, his health was sufficiently improved, and the operation was performed in the presence of Drs. Burgher, Hoffmann, Willard, Cowley, Rousseau, Seip, and Mr. Reed, who also rendered the necessary assistance. The leg was amputated at the lower third, by the flap operation, short anterior, and long posterior, with but little loss of blood, and without accident of any kind. The wound was washed with a weak solution of *Calendula*; allowed to remain open until the surfaces became glazed; then closed with sutures, and a simple *dry* dressing applied. The anæsthetics used were Ether first, and then Chloroform. After the operation, a little Acetic acid, (vinegar,) was administered, which dispelled the effects of the Chloroform rapidly.

To assist in overcoming the shock, he received a few doses of *Arnica*,<sup>3</sup> and the next day being feverish and restlers, *Acon.*<sup>6</sup> The third day, he complained of frontal headache, no appetite, nausea when he raised his head, &c., &c. I gave *Bry.*<sup>6</sup> three hours, which relieved these symptoms, and he was then placed upon *Calend.*<sup>3</sup> three times a day. There was very little discharge from the stump, scarcely any, and at the end of a week the ligatures were all removed except the one from the *posterior tibial*, which remained till about the fourteenth day. In two weeks from the operation the boy walked across the room on crutches, and the stump seemed entirely healed, firm and round, except at the angles where the integument of the lower flap overlapped the upper one slightly, and therefore could not heal at once.

The boy's health has steadily improved, and he is now strong and hearty.

Upon examining the amputated foot, the operation was fully justified; Caries and Necrosis had done the work.

I cannot too highly recommend the *dry dressing* and *oakum* to absorb discharges and prevent offensive smell.

## PROVING OF THUYA..

BY E. W. BERRIDGE, M. B., B. S., LONDON.

Jan. 8, 1868. I, E. W. Berridge, took one globule of Jenichen's 1000 dry on tongue at 11.25 P. M. I have been vaccinated successfully twice; the last time about five years ago.

10th. Felt tired after a walk in morning, and frequently yawning when reading aloud; less appetite than usual for lunch, and eat very little; yet I did not feel unusually hungry at dinner time.

11th, 12.50 P. M. When in doors, a sudden, transient feeling, as if cold air blew into right ear. In evening, found on outer side of right lower leg, nearer the knee than ankle, a rather large red pimple, tender to touch, with slight redness and swelling perceptible to touch around it.

12th. On left sole, near root of middle toe, a spot tender on pressure or on walking, except when I have on a thick-soled boot, which prevents the pressure; no visible appearance. The pimple has a white head (pus), sometimes painful on walking.

13th. Rose to urinate in early morning; left foot as before. The pimple is now a rather large irregular pustule, with a well defined red areola; tender to touch; it is just like varicella, except in its irregularity.

14th. Areola fading; pustule discharges a little pus on pressure; foot well.

15th. Rose at 2 A. M. to urinate; passed an ordinary amount, though I had done so about 10.30 the night before, just before going to bed. Took my lunch about 12.30, which was earlier than usual, feeling hungry; about one hour after, looked pale, with feeling of emptiness in stomach, as if from want of food, which soon went off; after this, more tired than usual at the Dispensary. A slight scab where pustule had been.

16th. Scab easily rubbed off.

17th. Slight remains of scab.

19th. Slight desquamation where the circumference of areola had been.

20th. Scarcely any remains of it.

I took this dose as Wolf recommends, to antidote the vaccine poison. Thuya is a most efficient prophylactic against small-pox, and ought to supersede vaccination entirely. Innumerable diseases are inflicted by vaccination, and sometimes even death; the laws which render it compulsory are one of the greatest curses which a tyrannical government has ever inflicted on a nation. Every one who has been vaccinated should take a globule of Thuya 1000, which will antidote the evil effects of vaccine, and preserve them against small-pox. If parents are *compelled by law\** to poison their children with vaccine, they should give three days before, one globule of Thuya 1000 or higher, which will prevent the vaccine from taking effect.

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## FACTS AND THEORIES OF HOMŒOPATHY.

Read before the Philadelphia Homœopathic Medical Society.

BY JACOB JEANES, M. D.

### *The Single Dose.*

ALTHOUGH judicious observation is the medium for the attainment of knowledge; that is, of a certain perception of truth, fact, or existence; still we may resort to speculation as a means of stimulating the mind to observation. And we may do this properly and profitably whilst we are careful to discriminate between the speculative and the real; between opinion and knowledge.

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\* By recent Act of Parliament, the people in Great Britain are obliged to have their children vaccinated, under penalty of a fine.—Ed. H. M.

Opinion, like belief (indeed, they are nearly convertible terms), may be rational, speculative, or arbitrary. It is rational when it is a just judgment of strong probability resulting from reasoning upon ascertained facts. It is speculative when it is the result of reasoning upon opinions or hypotheses. It is arbitrary when it exists from the determination of the will.

The ratiocination and resulting opinion constitute a theory. But for convenience, this term is often applied to either of these constituents. It would therefore seem that theory could only appertain to rational or speculative opinion. But, a theory may be arbitrarily adopted, and this will most frequently occur from a confidence in the judgment of its propounder. It may be proper for the pupil to receive with respect the doctrines of his preceptor. But when the time has arrived in which his pupilage ought to terminate, it becomes his duty to submit the precepts which he has received to the ordeal of observation and reflection. And when, in his turn, he endeavors to become the teacher of others, he should remember that arbitrary opinion, in which the will usurps the place of reason, ought to be excluded from the realm of science, and that fortunately for the progress of mankind, it is not now nearly so influential in medicine as it was a few centuries since. Then the authority of great names was much more potential than it is at the present time. No man of sense would dare at this day to utter a sentiment similar to that of the zealous Galenist, who said, "*Malo cum Galeno errare, quam Harveyo esse circulator.*"—I would rather err with Galen, than be a circulator with Harvey.

After this brief elucidation of the sense in which some important terms are employed in these papers, we may proceed to the consideration of a few of the theories which exist among the cultivators of Homœopathic medicine. And first, the theory of the single dose. This, which has some influence in modifying the practice of many physicians, is nowhere absolutely taught. It ought not therefore to be

called a doctrine. It is suggested by the writings of Hahnemann, but he can easily be exonerated from the charge of having taught it absolutely. His "Eine oder ein Paar Gaben," his one or two doses, together with his allowance of the repetition of a medicine in certain cases, are sufficient to settle this matter.

The rational theory of the single dose is an induction from the following facts.

*First.* That violent and even inveterate diseases have been cured by single doses.

*Second.* That the repetition of the dose appears sometimes to excite needless aggravation, and seems to delay rather than to expedite the cure.

*Third.* That in some cases there is a diminution in the amount and duration of relief from each successive dose, evidencing merely palliative operation; whilst, at the same time, medicinal symptoms of a severe character may be produced.

Such facts are sufficiently prominent in Homœopathic practice to call our attention to the theory of the single dose, and to demand for it a careful investigation, but they are far from being sufficiently constant to justify its acceptance as worthy of universal or even of general application in the treatment of disease. It is, indeed, too extensive an induction from certain facts, whilst others of a counterpoising character are either entirely neglected or much undervalued. The fact that very many cases of disease appear to require a repetition of the doses, and to be benefitted thereby, certainly militates against this theory, which we will agree may be usefully accepted in those cases in which the single dose is evidently effecting a cure.

In order to prepare ourselves for the proper appreciation of facts, it will be necessary for us to free ourselves from the bias of speculative opinion, or at the least to ascertain the true value of any speculation which is allowed to operate upon our minds.

The evident truthfulness of this proposition should induce us to rigorously examine and criticise every speculative theory which may have an important influence over us. Therefore, great as is the debt of gratitude which we owe to the genius of Hahnemann, we are justified in a close investigation of his theory of disease, and of the *modus operandi* of remedies in its cure, remembering that he did not enunciate it as absolutely true, but as most highly probable. The following inelegant but literal translation of Article 29 of his Organon, shows us his theory.

"In that every disease (the purely surgical excepted), depends upon a disturbability (*verstimmtheit*) of our vital power (*lebenskraft*), in feelings and activities; so in the Homœopathic healing of the vital power disturbed by natural disease, through the administration of a medicinal potenz, selected accurately according to symptoms resemblance, there is produced a somewhat stronger, similar morbid affection, and as it were substituted in the place of the weaker, similar natural morbid commotion against which then the instinctive vital power, now only medicinally disordered (but stronger), is compelled to direct an increased energy, but on account of the shorter working-duration of the now morbidly affecting medicinal potency, soon overcomes this, and as at first from the natural, so now from the in its place entered artificial (medicinal) affection becomes free, and therefore fitted to guide the life of the organism again into health."

In the consideration of these theoretic explanations, we may first notice the opinion, or rather the hypothesis of the

#### *Disturbability of the Vital Power.*

The terms employed in the statement of this hypothesis may be new, but the idea which they are intended to convey is old. The theory of dynamic and adynamic diseases appears to contemplate disturbances of the dynamis or vital power. In many other theories of disease there is an approximation to this idea. Indeed, at first view, it appears

so truth-like, that we are ready to accept it as truth. But, remembering that the apparent is often very different from the real, let us try its merits by instituting a comparison between it and the directly opposite hypothesis of the

*Indisturbability of the Vital Principle.*

This, also, is not novel. For the Archæus of some, and the *vis medicatrix naturæ* of other writers convey the idea of a power residing in the living organism, which is constantly operating for the development, perfection and integrity of the organization. The functions of such a power are the same as those of an indisturbable vital power or principle. Therefore we may consider the power as a thing with different names. Of these, that of the indisturbable vital principle may have sufficient advantages to justify its employment.

Upon the admission of this hypothesis, we must look elsewhere than to the vital principle for the primal seat of disease. And we can now only look to the organization for this; since it is the recipient of the injuries and offences which constitute diseases. For, however extensively, we may consider diseases as consisting of symptoms, and may name them therefrom; we all have a perception of something beyond this; namely, the disease itself. Then, considering an injury or offence to the organization to be the *morbis ipse*, the disease itself, which must have as its necessary consequences, alterations of the actions and feelings; and, also, considering that the vital principle in establishing new and extraordinary processes must produce alterations of actions and feelings, we must arrive at the conclusion that these alterations are of two kinds. These may be termed the direct and the indirect. And, as all these alterations are called symptoms, we may say of an incision by which a muscle is divided, that the gaping wound, the hemorrhage, the immediate pain and the loss of power, are direct symptoms of the injury, the *morbis ipse*. And, that the symptoms which speedily become blended with these and finally

supersede them, being the productions of the vital power in its processes of preservation and restoration, are indirect symptoms.

Some among us may by this time be ready to ask, what are offences? It may be replied, that they are conditions of the organization which might be termed injuries, if it were not that they are as yet not attended by structural lesion, and therefore permit a restoration to the original condition. When from the particular nature, the violence, or the long continuance of an offence, structural defect is produced, it becomes an injury. The most necessary and proper food when eaten in too large quantity, becomes a cause of offence. In these cases, which are not infrequent, the sensations of weight and fulness, the general lassitude and many other uncomfortable feelings, are the direct symptoms of the offence of the organization; whilst the paroxysmal pains, the nausea and the vomiting, are the results of the action of the vital principle for the removal of the cause of offence, being the indirect symptoms. Another illustration may be derived from those organs which are provided for the reception and temporary retention of certain excretions. When these accumulate until they ought to be discharged, the vital principle establishes its processes for their removal, which are marked by alterations in the actions and feelings.

. Extending our views to the exhalents of all kinds, we find that the performance of their functions may sometimes be interrupted or entirely suspended. The causes of offence which occasion such interruptions or suspensions, are generally from the exterior of the organization. But whether their causes be interior or exterior, their effect is to overload the system with matters which ought to be eliminated from it. So important is the removal of these matters, that the vital power when it does not succeed in removing the primary offence, and recalling the inactive exhalents to their work, imposes their duties upon other sets of exhalents. These in their turn being overtaken, perform their own duties imperfectly, rendering it imperatively necessary for

the vital principle to overwork other exhalents with similar results. In all this, the vital power is doing the best which it can now do to preserve the life of the organism. Its first great duty appears to be the preservation of the organization in health and integrity, and when from the force of adverse circumstances it has been unable to do this, its second great duty commences, which is to maintain the life of the organism as long as may be possible. Therefore the vital principle, as the inimical forces become more powerful, contends inch by inch in retreat, yielding position after position, until it is compelled to succumb, and the life of the organism is extinct.

The offences to the organization from external as well as from internal causation, are innumerable, but the vital power resists or overcomes the larger portion of them by its own forces. When from the violence of a cause or from a complication of causes, serious disease results, we are often able to afford aid through the employment of medicinal agents. These are useful, not from their nutritious or invigorating properties, therefore, not from any power which they possess of adding directly to the power of the vital principle. Their utility appears to consist in modifying the condition of the offended parts of the organization in a manner favorable to the removal of the offence. Sometimes the medicinal power may substitute the existing disease by that which it is capable of producing, and when this is of a nature to be speedily overcome by the vital power, a rapid cure must ensue. At other times, the medicinal offence being super-added to the pre-existing, serves as an additional incentive to the vital principle to free the organization from the irritation of both. And, at many, if not at all times, the medicinal power operates through its offence both as substitute and incentive. The last of these methods is deserving of special attention, as being substantially that given by Hahnemann in his explanation of the mode of operation of Homœopathic remedies in the cure of disease. From this, it can be seen that whichever hypothesis we may accept, our views

in regard to the mode of operation of medicines in the cure of disease are the same, except as relates to the hypothetical connection. And here it is that either of these hypotheses becomes of importance, because of its power of giving a bias to the mind in relation to the repetition of doses. For under the idea of adding a new disturbance to an already disturbed vital power, we may sometimes fail to repeat the dose when it might be repeated with great advantage. Whilst under the view that the medicinal offence is offered to a part or parts of the organization, the vital principle being fully capable of overcoming it, will give us much greater freedom in the repetition of doses.

Fellow members, if on this occasion there has been evoked from the realms of thought a creature of the imagination, and named the Indisturbable Vital Principle, it has been done not only for the purpose of offering matter for discussion this evening, but also to show how careful we ought to be to avoid bias from speculative reasoning, and how watchful we should be in the proper observation and estimation of facts.

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Owing to the number of "*proceedings*" of medical societies which we have felt it incumbent on us to print in this issue of the Journal, a number of able and valuable articles have been necessarily crowded out. We will, however, present them all in good time. The attention of the readers of the Monthly is called to these various "*proceedings*" as containing mostly some matters of value to the general profession, as well as of interest to the members of the respective societies reported.

## PROVING OF CUPRI ARSENITUM.

Read before the Homœopathic Medical Society of Pennsylvania.

BY. W. JAMES BLAKELY, M. D.

*Cupri Arsenitum*; *Cupri Oxydum Arseniatum*; *Arseniated Oxyd of Copper*; *Scheele's Green*; improperly called *Cuprum Arsenicum*, and *Cuprum Oxydatum Arsenicosum*.—This substance not being officinal in the Allopathic *Materia Medica*, no formula for its preparation is given by the dispensatories of that school, nor is it even mentioned by them. In the symptomatology of Jahr, it occupies a place, and a few symptoms are given from Noack and Trink. These symptoms having been corroborated during the present proving, I have incorporated them, as I have also done with those obtained from cases of poisoning, when I was positively certain that they were undoubtedly effects of this drug. In both cases, due credit has been given. I have thought best to pursue this course, which, by presenting all that is known of the pathogenetic action of the drug, aside from the investigations of myself and of those who have assisted me, will render the proving more complete, and thus enhance its interest and usefulness.

*Preparation*.—According to the pharmacopeia of Jahr and Gruner, the drug may be chemically prepared in the following manner: "Boil three parts of Pulverized White Arsenic with eight parts of Caustic Potash in sixteen parts of water, until the Arsenic is deposited in the shape of a powder. Pour this liquid into a hot solution of eight parts of the Sulphate of Copper, and forty-eight parts of water, stirring the mixture all the time; wash the precipitate well, and dry it at a moderate temperature. It is of a pale green color. We make triturations."

As the poisonous properties of this compound are due to the Arsenic contained in it, it is classed with the Arsenites, and is the only metallic Arsenic met with in commerce and in the arts. It constitutes wholly, or in part, a great variety of green pigments, known as emerald green, or Aceto-Arsenite of Copper, Mineral Green, Brunswick, Schweinfurt or Vienna Green, &c. As oil paint, it is found in cakes in boxes of water colors; as a coloring matter in confectionary; in wafers and adhesive envelopes; and most abundantly in the various kinds of green wall papers.

*Analysis.*—This salt is of a green color, the depth of which is modified by admixture with other substances. It is insoluble in water, but soluble in ammonia and in the acids, forming a blue solution. When very gently heated in a reduction tube, Arsenious acid is sublimed in minute octahedral crystals. These may be collected, dissolved in water, and tested in the usual way. The residuary Oxide of Copper may then be dissolved in Nitric acid and tested. With charcoal powder, the Arsenite gives, although with some difficulty, a ring of metallic Arsenic, but the arsenical nature of the salt is easily determined by boiling it with diluted Muriatic acid and a slip of metallic copper or copper gauze (Reinsche's process). When the Arsenite of Copper is used in confectionary, the substance upon which it is spread is either soluble as sugar or starch, or insoluble as Plaster of Paris. In either case, we scrape off the green color, and digest it in a small quantity of water. In the first case, the Arsenite of Copper is deposited, while the sugar or starch is dissolved; in the second, the Arsenite of Copper is deposited with the Sulphate of Lime. The former may be separated from the latter by Ammonia, and re-obtained pure by evaporation. Should the Arsenite be mixed up with fat or oil, it will easily subside as a sediment, by keeping the substance melted, and the deposit may be freed from any traces of fat by digesting it in Ether. (Taylor.)

*Treatment.*—For cases of poisoning, Albumen, followed

by emetics, may be given, after which the Hydrated Sesquioxide of Iron.

In the more chronic forms of poisoning, the treatment must be adapted to the individual case. The Arsenite of Copper is insoluble in water, but sufficiently soluble in the acid mucous fluids of the stomach to be taken up by the absorbents, and carried as a poison into the blood.

In the toxicological symptoms which follow, we have a very fair view of the action of this remedy; they are more clear and explicit than we usually find in the reports of drug poisoning, and they convince us that it is well worthy of investigation, the trouble of which it will amply repay by the services it is destined to perform. They are not simply crude effects of massive doses, not merely symptoms produced by the effort of nature to rid herself of a foreign and disturbing agent, but real pathogenetic results, better expressed than are many found in regular provings. They are the rougher portions of the edifice, the more substantial parts, important indeed, but still useless until the hands of the workmen supply the gaps in the building, and add the delicate finishing touches which render the structure at once beautiful and complete.

When we study them carefully, however, our minds will at once refer to several important diseases, and we will conclude that in Cholera, Gastritis, Colic and abdominal cramps, Coryza, inflammatory and pustular tumors, chronic eruptions, Erysipelas, and several other affections, it will be a remedy of value.

The symptoms given by Noack and Trink are no less suggestive, and their importance, and the importance of the toxicological effects, is increased by the frequent corroboration of both in the present proving.

We do not, of course, have the symptoms of different provers expressed in exactly identical language, since each one naturally has his own forms of expression, but the substance of the drug effects, upon the different provers, will be found in very many cases to be the same.

I regret that out of over twenty persons who had promised me assistance, and to whom I had sent portions of the drug, I can only present reports from the following:

W. JAMES BLAKELY, M. D.

R. C. SMEDLEY, M. D.

M. L.———.

GEO. S. FOSTER, M. D.

C. W. BOYCE, M. D.

*Toxicological Effects.*—The following cases are taken from Taylor's Treatise on Poisons:

CASE 1. A child, aged three years, swallowed a small capsule of Scheele's Green, used by his father as a pigment. In half an hour he complained of violent colic; there was frequent vomiting, with purging, cold sweats, intense thirst, and retraction of the parietes of the abdomen. The mouth and throat were stained of a deep green color. Hydrated Sesquioxide of Iron was given; in about an hour the vomiting and purging ceased, and soon afterward the thirst and pain in the abdomen abated. The next morning the child was well.

CASE 2. A child, a year old, ate several pieces of a cake of Arsenite of Copper, used for colors. There was immediate vomiting of a liquid containing green-colored particles of the Arsenite. White of egg was given in sugared water. After a short time, the child became pale, and complained of a pain in the abdomen; the pulse was frequent, the skin cold, and there was great depression. Copious purging followed, soon after which the child recovered.

CASE 3. Two children were poisoned by confectionary colored with this substance; the chief symptom was incessant vomiting of a light green-colored liquid, resembling bile diluted with water. The symptoms in these cases are described as severe, although the quantity of the poison swallowed was small. Under the use of an emetic of Ipecacuanha, the children recovered.

CASE 4. A child, aged seven years, ate a slice of cake,

with a part of a green ornament on it. There was severe pain, with thirst, and a burning sensation in the throat, with a constant vomiting, but no purging. The child recovered in three days. The green pigment was found to be pure Arsenite of Copper, mixed with sugar.

CASE 5. A small quantity of a confectionary ornament, colored with Arsenite of Copper, proved fatal to two children. The symptoms and appearances were those of poisoning by Arsenious acid.

CASE 6. Fourteen children suffered from symptoms of poisoning, in consequence of their having eaten some confectionary ornaments, colored with Arsenite of Copper. In two or three cases, Jaundice followed.

CASE 7. Three boys, at a school near Manchester, ate some ornamented confectionary, which owed its green color to the Arsenite of Copper. They suffered from violent vomiting, severe pains in the stomach and bowels, and spasms in the extremities. Three animals which ate of the vomited matter were attacked by similar symptoms.

CASE 8. A young man, after painting for nine days with an arsenical green pigment, was seized with irritation and watery discharge from the nose, swelling of the lips and nostrils, and headache. The next day he experienced severe colic and great muscular weakness, but these symptoms disappeared in about eight days. It is possible he had inhaled the Arsenite of Copper in the state of fine powder.

Other effects are: boils, inflammation of the eyes, and other symptoms of irritation. Pustular tumors have shown themselves on the wrists and ankles, accompanied by excessive sensitiveness and irritability of the skin. Œdema (watery swelling) of the face, eruptions of the skin, and boils frequently forming in the scrotum; irritation of, with discharge of fluid from, the mucous membrane of the nose, and abundant salivation; colicky pains, headache, and prostration of strength are also symptoms of this poison.

NOACK and TRINKS.

Staggering gait; spasms.

*Sleeplessness.*

Increased temperature of the skin.

Small, quick, irritated, or else spasmodically contracted pulse.

Partial confusion of the senses.

Intense anguish.

Vertigo.

Headache; dullness of the head.

Intoxication.

Hot forehead.

Dimness of the eyes, and profuse lachrymation.

Sensitiveness of the eyes.

Sparks before the eyes.

Pale face.

Wild expression of countenance.

Thin coating of white mucus on the tongue.

Intense thirst.

Loathing.

Nausea.

Violent vomiting and purging.

Vomiting of mucus, tinged with bile.

Great distension of the abdomen.

Hard abdomen.

Great sensitiveness of the epigastric region to the least touch.

Violent pains in the abdomen.

Colic, which increases after eating or drinking.

Diarrhoea; slimy stool.

PROVING BY W. JAMES BLAKELY, M. D.

OBSERVATION I.

Prover, aged twenty-eight, nervous temperament; height five feet six inches; measurement of chest, thirty-six inches; lungs sound; dark hair and eyes; in perfect health; drinks coffee and smokes,

Jan. 4th, 1868, 8.45 P.M. Took of Cup. Ars. 12th cent. pil. 5.

9 P. M. Soreness of a small spot on the left scapula, extending into the left lung, followed by a dull, sticking pain in the left chest, between the sixth and seventh ribs, somewhat aggravated by deep inspirations, with a numb, weak feeling in the left chest, left side of the back and left shoulder and arm. (a. 15 m.)

The left arm feels numb and powerless, and a similar sensation soon afterward appeared in the left leg.

9.20 P. M. Sudden debility, with dull pain in the heart, and sensation of oppression around that organ; the left chest feels too small; he takes long involuntary inspirations; there is an empty, vacant feeling in the stomach, with vertigo, confusion of ideas, and headache *between the temples*. (a. 35 m.)

General debility, want of energy, and indisposition to do anything.

Pains in the abdomen, simulating those of flatulent colic.

9.30 P. M. Headache becomes very severe; spreads over the entire forehead, and finally settles in the right side of the forehead and over the temporal bone, and becomes dull and throbbing. (a. 45 m.)

Dull soreness in the right internal ear. (a. 1 h.)

Headache is very severe all the evening, and the bones of the face are very sore.

Pains in the abdomen, sharp and cutting, like those of colic, which afterwards subside into a dull soreness, followed by an unpleasant warmth in the abdomen, and a severe burning in the stomach. (a. 1½ h.)

The headache which had disappeared during rest (sitting), re-appeared very severely while walking up and down the room, and again subsided during rest; several repetitions produced the same aggravation and amelioration.

11.10 P. M. Dullness and confusion of the head. (a. 2.25)

Dull soreness in the right occipital bone, aggravated by pressure.

While walking, the limbs ache, his gait is unsteady, and the debility is increased. (a. 2 h.)

While sitting, the foregoing symptoms are ameliorated, and are aggravated by walking.

11.30 P. M. The headache, which had again subsided, reappeared very violently in consequence of walking upstairs.

He could not sleep until 2 A. M., the headache continuing very severe. (a. 2½ h.)

Jan. 5th, 8 A. M. In the morning, after awaking, the head felt dull and sore, as if it had been beaten.

During the forenoon, there was relief from all the symptoms.

12.30. P. M. The stomach is sore, as if it had been bruised.

Headache on the right side of the head, and soreness of the bones of the right side of the face.

4 P. M. Natural stool, *after* which he had severe dull pains of a griping character, with slight burning in the abdomen. (a. 19½ h.)

10½ P. M. There has been a constant unpleasant warmth in the abdomen since taking the medicine, and which sometimes becomes a severe burning. (a. 25½ h.)

10½ P. M. Headache between the temples (v),—the pain seems to meet in the centre of the forehead, and thence to pass down the nose. The bones of the nose are very sore, especially when pressure is made upon them. (a. 25¾ h.)

Jan. 6th, 12½ A. M. Severe, dull pain in both temples. (a. 27½ h.)

12½ A. M. *Very severe* headache all over the forehead, but especially in both temples (v). (a. 28 h.)

1 A. M. Shooting pain in the upper molars of the left side, extending upward into the superior maxillary bone.

9 A. M. Awoke with the same dullness of the head as on the previous morning.

3.50 P. M. Persistent boring pain in a small spot above

the left superior orbital arch, with soreness of arch when touched. (a. 31 h.)

Duration of action of first dose, forty-five hours.

### OBSERVATION II.

Jan. 6th, 8 P. M. Took of 12th cent. pil. 5.

9 P. M. Intermittent and throbbing pain in the right half of the inferior maxillary bone. (a. 1 h.)

12 mid.n. Dull, heavy pain in the head, the entire evening.

Jan. 7th, 1 A. M. Very severe, dull headache over the entire forehead, with soreness of the orbital bones, after retiring to rest. (a. 5 h.)

Severe, sharp pain in the superior arch of the right orbital bone.

1 P. M. Dull headache the entire forenoon.

Frequently there is a dull, rather severe pain in the right internal meatus.

Jan. 8th, 1 A. M. The shooting pain in the left upper molars re-appeared after exactly forty-eight hours (v.)

Soreness of the right temple when pressed against the pillow. (a. 29 h.)

At this time, having contracted a very severe cold, I ceased noting symptoms, fearing lest I might attribute to the action of the remedy the symptoms of the bronchial attack from which I was suffering.

I cannot, therefore, give the duration of action of the second dose.

### OBSERVATION III.

Feb. 22d, 9.35 P. M. Took of 11th cent. gtts. 2.

10.20 P. M. Dullness of the head, with pain worse in the left temple. (a.  $\frac{3}{4}$  h.)

10.30 P. M. Soreness of the left orbital bones, and of the left side of the nose. (a. 55 m.)

11.30 P. M. Throbbing pain in the right temple. (a. 2 h.)

11.45 P. M. Dull soreness in the right side of the chest, with dull pains in the back. (a.  $2\frac{1}{4}$  h.)

Feb. 23d, 12.10 A. M. Soreness of the bones of the left side of the head and face. (a. 2.40.)

1 A. M. Dull pain in the forehead. (a.  $3\frac{1}{2}$  h.)

8.30 A. M. On awaking, had the same dull headache as on the previous night (v.)

11 A. M. General dull headache.

General debility.

Chilliness of the entire body.

Duration of action of third dose, fourteen hours.

#### OBSERVATION IV.

April 11th, 1 A. M. Took of 10th cent. gtt. 1.

Immediately experienced a fullness in the head; the brain seemed to expand, and to press against the forehead (frontal bone); dull pain over the entire forehead, but most severe in the right temple (v.)

#### PROVING BY R. C. SMEDLEY, M. D.

##### OBSERVATION I.

Jan. 1st, 3 P. M. Took of 12th trit. grs. 3.

9 P. M. Metallic taste in the mouth.

Jan. 2d, 6 grs. Jan. 3d, 15 grs.

Jan. 4th. Feeling of weakness. Took 25 grs.

Jan. 5th. Cutting pain in the stomach while eating.

After reading an hour, experienced a distensive and rolling sensation in the brain; felt as if I might fall forward; these sensations passed off while walking in the open air and talking. Took 30 grs.

Jan. 10th, 11th and 12th. Took in all 75 grs. 9th trit.

Jan. 13th. A chronic itching, which has been a little annoying at times, is materially aggravated; it is felt only in the arms and legs.

Jan. 14th, 15th, 16th, 17th. Took in all, 245 grs. 6th trit.

Jan. 17th. In the afternoon, the urine had a strong odor, like that of garlic.

5 P. M. 6 grs. 3d trit. Nausea in the evening, with lameness of the back.

Jan. 18th. Nausea on awaking, with bitter taste.

Stiff, lame feeling in the back, which was better until after moving about, and returned after sitting awhile.

9 A. M. 6 grs. 3d trit. Nausea and lameness of the back continue.

Sensation as of gentle rotary motion in the brain, after studying.

The itching of the arms and legs very much increased; small, thickly studded elevations, which bleed after scratching; scratching aggravates to such a degree as to be almost unbearable.

4 P. M. 10 grs. 3d trit.

7 P. M. Boring pain in the right ear; sharp pain in the temples, worse in the left; pain in the right lumbar region, and in the anterior portion of the right thigh; chilly feeling over the entire body; skin is sensitive to contact with the clothing, which produces a chilly, creeping sensation.

The urine has a slight odor of garlic (v).

Itching in the beard.

9 P. M. 10 grs. 3d trit.

Jan. 19th. Felt better after awaking.

*Thirst*, which is unusual for me (use neither coffee, tea, liquor, or tobacco), have a desire now for water, *cold*, several times a day; a wine-glass full suffices each time.

No desire for warm food; cold is better relished.

Took last night a cup of coffee, and this morning the chilly, creeping sensation and sensitiveness of the skin are relieved.

Lameness of the lumbar region still continues.

10 A. M. 15 grs. 3d dec. trit.

2.30. P. M. Twitches of pain in the right upper posterior,

and left lower posterior molars; more protracted in the former, but more acute in the latter.

## OBSERVATION II.

Jan. 26th, 5 P. M. 15 grs. 6th trit.

Jan. 27th. 60 grs.

Slight nausea, and a little unsteadiness of the head, particularly after studying.

Jan. 28th. 190 grs.

Slight reeling sensation in the brain after studying.

Jan. 29th. 80 grs.

The thirst and itching remained unabated for several weeks after the last medicine was taken.

The itching of the arms and legs has been so persistent during the day, but more particularly when undressing at night, and often when in bed, awaking me, that nothing but severe rubbing with a hard, coarse, prickly instrument, tearing up the cuticle, and converting the itching into a soreness, would give the slightest relief.

This chronic itching of the skin, but only in a slight degree, I have, at times, experienced, as long as I can remember; but never was such raking necessary to allay the itching that was intolerable without it.

## PROVING OF MR. L——.

### OBSERVATION I.

Jan. 11th. Took of 12th cent. pil. 5.

A gonorrhœa, of which he supposed himself cured (and from which he had been entirely free for six months), returned with the following symptoms:

Dark red urine.

Burning pain at the orifice of the urethra during and after urinating.

White, purulent discharge from the urethra.

Soreness of the penis, with pain in the prostate gland.

Redness of the lips of the urethra, with tingling and burning.

Agglutination of the lips of the urethra.

Perspiration of the scrotum, which is constantly moist and damp.

Soreness of the under surface of the penis when pressed.

This patient had been treated Allopathically, although a patient of mine, not wishing to reveal his disorder to me. The treatment was internal, and by the use of injections. At my request, he undertook to prove the remedy, but when he found his gonorrhœa returning, he declined rendering any further assistance.

Whether the Arsenite of Copper can produce primarily, the above symptoms, I am not able to say; but it appears to me, that the disease had been checked, and the discharge suppressed, and that the Arsenite was the cause of its reproduction. This view is further sustained by the fact that the symptoms gradually abated and finally disappeared, and have not since (5 months) returned.

#### PROVING OF C. W. BOYCE, M. D.

Dr. Boyce says: "I am sure that I got symptoms from the 30th, but was taken sick, and have been unable to resume the proving. The medicine gave me headache and general symptoms, but were not long enough free from complications to be of use. If you continue your investigations on this remedy, I will give you a proving."

#### PROVING BY GEO. S. FOSTER, M. D.

##### OBSERVATION I.

March 26th. Took of 2d dec. trit.  $\frac{1}{4}$  gr.

March 27th. Tongue heavily coated brownish white; feel irritable and peevish; constipation; dark spots before the

eyes; dizziness; dull, heavy, aching in the back part of the head; general feeling of dullness in the head; debility; no appetite.

April 5th.  $\frac{1}{4}$  gr. 2d. Twitching and jerking of the facial muscles of the left side, between the eye and the corner of the mouth, which was quite violent.

April 6th. Took two doses same potency. Tongue much coated; dizziness; black specks before the eyes; much eructation of wind.

April 7th. Very restless; nervous (or rather nerveless.)

April 8th. Tongue coated white; breath bad; much itching of scalp last night.

11 A. M.  $\frac{1}{4}$  gr. 2d. Experienced a peculiar tremulousness of the tongue, with coolness of the same; metallic taste; tongue white; itching of the scalp in the evening.

April 9th.  $\frac{1}{2}$  gr. 2d. The tongue is still white; the back of the tongue is very thickly coated.

Fullness of the head; slight, darting pains in the temples.

April 10th. Tongue white; rumbling in the bowels; sharp quick pains in the lower bowels.

April 13th. Severe pains under the lower angle of the left scapula; worse when moving or breathing; cannot take a full breath without aggravating the pain.

Tongue white.

April 15th. The pain under the scapula has been severe and troublesome until to-day; could scarcely turn over or move without suffering from it.

Oppressed feeling about the chest during the past few days; it feels as if it were constricted.

(Summary and conclusion in our next issue.)

## CLINICAL OBSERVATIONS.

BY ADOLPH LIPPE, M. D.

A GENTLEMAN sixty-four years of age, had suffered from great difficulty of micturition for some days, for which he had taken *Spir. Nitri Dulc.*, with partial and momentary relief. I saw him May 14th, 1868. He had had a violent chill on the previous evening; felt very weak; a continuous desire to urinate, and at short intervals an imperative painful call, with violent pains running like a hot stick from the bladder to the end of the urethra: at times this call would not be followed by any discharge of urine; at other times a small quantity of urine of a blackish hue would be voided: these attacks returned every fifteen to twenty minutes: the region of the kidneys felt very sore. He also had a frequent cough, with splitting pain in the temples. Not being able to determine what the truly curative remedy for this case might be, and turning my attention to *Nux Vom.*, *Pulsatilla*, *Lycopod.*, *Prunus Sp.*, etc., I farther learned that he suffered greatly from a painful, sore, tenderness of the front teeth, which made him quite fearful of chewing, as the edges of the teeth did not permit of any contact. The locality of the disease, and the objective, pathologic condition of the organs affected, left no doubt as to the nature of the malady. Yet neither these or the restless anxiety of the patient and his distressed countenance, led me to find the true remedy. The *concomitant symptom*, peculiarly characteristic in this patient, and disconnected with the present pathological condition, pointed clearly and unmistakably to Sulphur. The violent pressure on the bladder, with desire to urinate, and with it burning in the urethra, as well as *all the other symptoms* likewise belonging to that remedy. I gave him a single dose of Sulphur, 40<sup>m</sup>. The amelioration began four hours after taking it. A profuse perspiration continued for some days, and he fully recovered under this one dose.

## EDITORIAL.

AMONG the subjects that have of late years engaged the attention of scientific observers, none have been of more general interest than those relating to the human race during the period prior to the accepted historical records of the various nations. The investigation has been largely a geological one, involving considerations of climate, varying distribution of land and water, and many other features, which, though not recorded in so many words are yet detailed in the great book of nature. The oldest formations wherein remains of man occur, are the superficial soil, and the earth of caverns, the former being known as the quaternary formation, alluvium or drift.

Formerly the climate of Europe was tropical, and elephants, lions, tigers and monkeys abounded there. A gradual cooling took place, probably occupying a vast number of years, and then the greater part of Scandinavia, Great Britain and the mountain region of Western Europe generally, were covered with ice. Central Europe was a great sea, as was the desert of Sahara; England and France were united; Spain and North Africa; and the African elephant could pass from Tunis, by Corsica, to the Pontine marshes of Italy. After a time the glaciers receded, and then man made his first appearance in Europe, though occurring in Asia (from geological evidence) at a much earlier period. Three human skulls represent this date.

These skulls represent characteristics of great animality, especially in the development of the frontal sinuses, &c. The associated implements of this period are rudely constructed stone axes and knives, but there is found no trace of pottery. The use of fire was known, however, to the earliest of mankind. The European climate next appears to have undergone a change, for the reindeer becomes very abundant, and represents what is called the middle stone period. Here the art of pottery and the burial of bodies first make their appearance. Bones of animals were worked

into instruments and implements in considerable variety, upon which were carvings; some rude, some executed with artistic skill. A single human figure represents the human form, with slender limbs and protuberant abdomen, like the modern Australians.

The late stone period is marked by the so-called "pile dwellings"—the construction of huts on piles driven into the soft soil on the margins of lakes, the remains of which have been recently found in abundance, in Switzerland, and which extend into the so-called historic period. The age of this period is estimated at six to seven thousand years.

Now comes the bronze age in which the use of metals was first introduced. We find a great variety of manufactures and much really artistic work and ornamentation. The use of bronze was derived from the Phœnicians, the tin used in its composition being brought from England. The existence of roasted, broken and gnawed bones, indicate cannibalism at this period. The age of bronze, which belongs in part to the domain of history, passed gradually into that of iron, a metal so much better adapted to human needs than any other.

With all the successive epochs just mentioned, there was doubtless a progressive improvement in the exterior physical conformation of man, as we know took place with the skull, which, from indicating a rude animality, finally assumed the form and proportions found in the cultivated nations of the present day. Even now some tribes are related not remotely to the men of the stone period of Europe in characteristics of the brain and skull, though none exactly parallel the conformation of the very earliest mentioned.

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**NUX MOSCHATA** is a remedy that does not appear to be thoroughly appreciated by the general profession, though there are individual practitioners well acquainted with its many excellencies and virtues. The proving by Helbig, as set forth in Jahr's *New Manual*, is the only pathogenetic

record we have, while modern writers on drug action have done nothing to make us better acquainted with what we believe to be the truly valuable properties of this drug. Teste offers nothing save comments on Helbig's provings, while Hughes treats it very cavalierly, with a few lines. The true sphere of the Nutmeg is not readily determinable from our present knowledge of its action; and yet we are enabled to speak of some conditions in which it proves eminently useful. In that particular form of "dispepsia," so common in this country, where food is swallowed untriturated and unmixed with saliva, and everything taken into the belly, "turns," as the patient expresses it, "into wind," the *Nux Moschata* has afforded prompt relief. In rheumatism, or rheumatic pain consequent on "taking cold," particularly from exposure to draughts of air while heated; where the pains are *fugitive in their character*, now here, now there; worse in cold or wet weather, or by the application of cold wet cloths; and correspondently relieved by warm dry weather and warm applications; this drug has promptly responded in our hands and afforded us much satisfaction.

In menstrual difficulties it is probably the most important remedy in the *Materia Medica*, and will meet more cases than any other. When the menses are *suppressed, retarded, or accelerated*, we have found it equally efficacious, the indications for its use being found in the general languor and *malaise* of the patient; she becomes *very easily fatigued, her limbs feel weak and ache*, and she is troubled with an almost *unconquerable drowsiness even in the day time* and just after the night's rest.

In the clinic of the writer in the Homœopathic Medical College of Pennsylvania, during the past winter, a number of cases of suppressed menstruation of long standing, with the above characteristics, were promptly relieved by this drug. Nutmeg has been long known and used popularly as a remedy for disordered menstrual function, whether in too profuse or too scanty flows. In this connection the following case of poisoning, furnished by R. Ross Roberts, M. D., of Harrisburg, and occurring in his practice, may

not be amiss, confirming as it does many of the symptoms of Helbig, particularly those of the "*Sensorium*," and offering some new features.

"A woman, *aet* 30, in order to check a too profuse menstruation, grated two nutmegs into a half pint of boiling water, and began taking the "tea" in the morning about 8 or 9 o'clock. She sipped it after stirring so that particles of the nutmeg might be taken with each sip. She continued this during the morning, being unusually *lively, laughing* and *bright*, but about 1 o'clock she began to feel giddy and light in her head, chilly and cold all over. She stopped taking the mixture at 2 o'clock, these symptoms gradually increasing in severity, with loss of memory; thought uncontrollable; objects would vanish for an instant; total loss of consciousness, seemingly to her of a half-hour's duration, but really only momentary. Sickness at stomach, but no vomiting.

About 4 o'clock in the afternoon feeling as if the blood were rushing to the heart; from thence to the head, and then all over the body; again to the heart and repeat, (the extreme coldness, and the balance of the symptoms above, still present.) The alternate paleness and redness of the surface, indicating this varied and increased action of the circulation, was distinctly visible. About 5 o'clock she complained of a sensation as if the heart were grasped, with sharp, cutting pain in the cardiac region.

At 5½ o'clock I found her sitting up in bed, tossing from side to side. Surface cold and blue; deep-blue semi-circles under the eyes. Hippocratic countenance and pulse almost imperceptible; skin cold over the whole body. She complained of feeling faint, with lightness, giddiness and emptiness of head. She answered promptly and correctly all questions put to her, but had great fear of death.

Ten drops concentrated tincture of *Gelsemium* in 1½ ounces of whiskey were given at a single dose, with a hot mustard pedaluvium. She speedily recovered."

**THE HOSPITAL QUESTION.**—The Homœopathic Profession all over the country, seem to be at length awakened to

a realizing sense of the importance of general Hospitals to the advancement of their cause, by demonstrating the truthfulness of the law of the similars in the only manner in which it can be satisfactorily demonstrated to the general public and the Allopathic profession. The success attending the Pittsburg Hospital is particularly gratifying, and the report submitted by Dr. Coté at the recent meeting of the Pennsylvania Medical Society, shows that the Corporation is in a sound financial condition, and the permanent success of the institution secured. As to its success otherwise, it is needless for us to say more than that the treatment therein pursued shows the usual favorable figures as compared with similar institutions under Allopathic care.

Following this, we have the gratifying intelligence that the preliminary steps for the establishment of a general Homœopathic Hospital, in Cleveland, Ohio, have been already taken. A large meeting was held at the rooms of the Hahnemann Life Insurance Company, and a Board of Trustees and an Executive Committee, consisting of laity and physicians, ladies and gentlemen, were duly elected. A proposition was made by the owners of the Cleveland Institute offering the free use of their buildings and grounds for Hospital purposes, for ten years. The offer was at once accepted and the Executive Committee was directed to enter into the necessary negotiations, and devise plans for carrying out the objects of the Association. It is expected that the Hospital will be opened about the middle of July.

Dr. T. P. Wilson in a letter to the Editor of the "Cleveland Leader" thus pithily puts the case:

"We have at present three simon-pure Allopathic Hospitals in this city, and the very numerous friends of Homœopathy now claim the right to establish one devoted to their interests. If any of your readers suppose the project is abandoned, we beg to correct the misapprehension. We are steadily organizing to build upon the Heights one of the grandest Hospitals of the State. It will be just as liberal as the dictates of common sense will allow."

The Scheme of the Board of Trustees of the Homœo-

pathic Medical College of Pennsylvania, contemplates the "foundation, construction and endowment of a Hospital for the treatment and cure of the sick poor, on the Homœopathic principle, to contain from two hundred to four hundred beds; and the raising of a capital for these purposes of from five hundred thousand to one million of dollars," and the co-operation of the entire profession throughout the United States is asked for. Circulars have been issued, and the Trustees are already receiving great encouragement.

Let there be a Homœopathic General Hospital erected by the side of every similar Allopathic institution in the land, and thus compassed about by the ark of our covenant, the high walls of bigotry, prejudice and self-interest will soon be thrown down.

### PUBLICATIONS RECEIVED.

**CELLULAR PATHOLOGY.** BY R. VIRCHOW. Seventh American Edition. New York: R. M. DeWitt, 13 Frankfort Street. (Review in August.)

**TRANSACTIONS OF THE TWENTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY**, held in New York, June 4, 5, 6 and 7, 1867. Vol. I., new series, No. 1. Boston: 1868. (Notice next month.)

### THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

HELD IN THE HOUSE OF REPRESENTATIVES,  
HARRISBURG, May 12th and 18th, 1868.

#### FIRST DAY—MORNING SESSION.

THE Society was called to order at 10 o'clock, by the President, **WALTER WILLIAMSON, M. D.**, of Philadelphia, who said:—

**GENTLEMEN:**—The hour has arrived, at which, according to adjournment of the "Homœopathic Medical Society of the State of Pennsylvania" at its last session, it becomes my duty to call you to order.

The meeting will please to come to order.

Fellow-members of the State Society, and gentlemen of the profession, we meet on the present occasion under favorable circumstances. The work of the great reform in the practice of Medicine in which we are engaged, was auspiciously commenced by the illustrious founder of our school, in the latter part of the last century, and has been carried steadily forward by his coadjutors and successors from that time to the present. As a part of that succession, we are here assembled to-day; imbued with the same spirit of reform, and animated by the same confident assurance of success which sustained and cheered our predecessors in their labors. Let us try to strengthen the hands of each other, and faithfully perform our allotted part in this great interest of humanity. We are connected with the founders of the enterprise by gentlemen who witnessed the early struggles between the majestic truths of Homœopathy, and the monstrous errors of the prevailing school of Medicine in Germany and other countries; some of whom still live to encourage us by their example and enlighten us by their experience; forming a continuous chain of professional brotherhood from Hahnemann to every Homœopathic physician of the present day.

Hahnemann was born in the year 1755; graduated in Medicine at Erlangen in 1779; discovered the Homœopathic law (*Similia Similibus Curantur*) in 1790; began to attenuate medicines in 1815, and died in Paris in 1843. Immediately after the discovery of the law, he entered upon the great business of his life by at once instituting a system of practice based upon its precepts, and earnestly laboring to elucidate its principles. In this work he was joined by a band of devoted disciples who greatly assisted him in his labors, and rejoiced in the triumphs of his success. The contest between the contending schools was carried on silently for several years; the truths of the one all the time gaining upon the errors of the other; but when in the year 1796 the doctrines of the new system began to be spread on the pages of the medical journals of the country, the anathemas of the old dominant school with the greatest bitterness were launched against the tenets and advocates of its young competitor. The course pursued by the journals, however, neither lessened the force and truth of the new doctrines, nor deterred their advocates from laboring for their advancement.

In the year 1810, the first edition of Hahnemann's "*Organon of Rational Medicine*" was published; and the new system first received the name of Homœopathy. Not long after the *Organon*, the first volume of his *Materia Medica* was published; one volume succeeded another, until the sixth, which completed that great work, was published. A few years later Hahnemann's imperishable work on *Chronic Diseases*, in four volumes, was given to the world; and from that time to the present, the practitioners of Homœopathy being supplied with the necessary charts of professional independence, have moved steadily forward in the work of overcoming the unsettled dogmas of ancient Medicine, and establishing Therapeutics upon a truly scientific basis.

Germany, the land of the nativity of Homœopathy, was too small a field for the exercise of its beneficent influences. Its doctrines were soon spread abroad through the medium of the journals and intelligent business men, to the utmost bounds of civilization; and in every country found advocates in disinterested and liberally educated people. To our own country, numerous well-educated foreigners, brought a knowledge of the new method of treating diseases, and everywhere made friends of the scheme, and anxiously awaited the debut of competent physicians of foreign or native birth who should be able to extend the benefits of the system in case of sickness, to themselves and their families.

At what precise date the first Homœopathic physician came to the United States, I am not informed; but the first contribution to Homœo-

pathic literature in this country was from the pen of Dr. Gram, a resident of New York, (an accomplished physician who was educated at Copenhagen) in the year 1825.

The first Homœopathic physician who took up his residence in the State of Pennsylvania, located in Philadelphia, in 1829. Very soon afterwards several of our own physicians renounced the errors of the old school therapeutics, and gladly accepted the proffered truths of the new. Some of these patriarchs are still active members of the profession, and also members of this society. From the year 1833, the number of Homœopathic physicians in our State increased very rapidly; at that time amounting to about five, and now we count more than four hundred in the State, and about four thousand in the United States. In the year 1836, the "Academy of the new Healing Art" was started at Allentown, in this State, which was the first institution in the world, in which the doctrines of Homœopathy were taught in connection with the other branches of a sound medical education.

The first Homœopathic College in the world was established in the state of Pennsylvania, the charter for which was granted within these walls—the act of incorporation was approved April 8th, 1848—twenty years ago.

Rapid as has been the increase of practitioners of the new art, the patrons of Homœopathy have outstripped them in the proportionate increase of numbers. Within comparatively a few years, the system of practice which we advocate, has emerged from the state of things unknown; and its name is now written on the statute books of our country, read and known of all men not only of this land, but a knowledge of it extends to all lands within the bounds of civilization. A practitioner of the Homœopathic healing art, not long since was looked upon with suspicion by the uninitiated, and condemned by the prejudiced; but now he is sustained by public opinion, and respected even by his enemies. The practitioners of our school have increased throughout the world in numbers, from a single one to many thousands, while the patrons have increased from none at all to many millions—and those millions are largely made up of the most intelligent and best educated people on the face of the globe.

From zero in literature, our publications have multiplied at a rapid rate—at the present time our list of Homœopathic works exhibits the number of about 500 volumes. We have ten monthly and quarterly journals, well filled with original matter, and all ably edited.

We now have six Colleges in active and successful operation, and two others which have recently obtained charters, but not yet gone into operation.

We have Dispensaries, Infirmaries, or Hospitals in most of the large cities in the Union.

We have one national Medical Society—the American Institute of Homœopathy, which has between five and six hundred physicians in its membership; and two other national organizations, viz.: the American Prover's Union, and the American Publication Society; beside two more which embrace a large extent of our country, viz.: the Western Institute of Homœopathy, and the Northwestern Prover's Union.

Sixteen State and forty-two local, mostly county medical societies, reported to the American Institute of Homœopathy at its last session, held in the City of New York, in June, 1867.

The foregoing account embraces some of the means of progression with which the Homœopathic School of Medicine is furnished in this country. What think ye of the situation? Let us help bear the ark of our covenant forward.

Whether obstinate and prejudiced minds perceive it or not, the world does move.

I do not expect to preside with as much dignity and grace as some of the political dignitaries who have occupied this chair, nor to display as much knowledge of parliamentary usage as they were able to do; but with a little indulgence on your part and an honest effort on my part to serve you, I hope we shall be able to get through the business of the Society without much difficulty, on the score of business knowledge.

Dr. RICHARD KOCH was called upon to act as temporary Secretary, until the arrival of the Recording Secretary. The roll was then called and corrected.

Propositions for membership then being in order, the President stated that there being but two members of the Board of Censors present, Drs. Roberts and Preston, it would be necessary to fill the vacancy occasioned by the absence of Dr. J. C. Burgher. On motion, Dr. J. J. Detwiler, was appointed to fill the vacancy. A number of names were then proposed for active membership, and referred to the Board, who reported favorably upon the following named gentlemen: Drs. A. H. Clayton, Addisville; J. Howell Cox, Lewistown; Henry C. Wood, West Chester; J. G. Pfouts, Wilkesbarre; B. Bowman, Chambersburg; Chas. H. Stevens, Scranton; E. W. Garbreich, Mechanisburg; O. J. Carmany, Harrisburg; J. G. Wiestling, Harrisburg; Comly J. Wiltbank, Philadelphia; C. P. Seip, Allegheny City.

The Board also reported favorably upon the following propositions for Honorary Membership: Drs. H. M. Paine, Albany, N. Y.; I. T. Talbot, Boston, Mass.; Wm. Tod Helmuth, St. Louis, Mo.; J. P. Dake, Salem, Ohio; Wm. E. Payne, Bath, Maine; J. H. Pulte, Cincinnati, Ohio; Frank A. Rockwith, Newark, N. J.; Chas. R. Doran, Hagerstown, Md. The above named gentlemen were then duly elected respectively *active* and *honorary* members of the Society.

The Treasurer's Report was then submitted, and on motion postponed, in order to permit its adjustment with the accounts of the Publication Committee and Secretaries.

A committee of three, to nominate officers for the ensuing year, was then, on motion of Dr. Coté, constituted, and the chair instructed to appoint the same.

FRANK A. ROCKWITH, M. D., presented his credentials as delegate from the New Jersey State Homœopathic Medical Society, which were duly received, and on motion, he was admitted to the floor to take part in the discussions. Dr. Rockwith thereupon presented a communication from that Society, and addressed the meeting in some appropriate remarks.

A letter was read from Dr. J. H. Gallinger, of Concord, N. H., delegate from the New Hampshire State Medical Society.

On motion, the communication was received and ordered to be filed.

County Society Reports were then presented as follows:—

Report of the Homœopathic Medical Society of Cumberland Valley.

Report of the Philadelphia County Homœopathic Medical Society.

Report of the Homœopathic Medical Society of Allegheny County.

On motion, the above reports were received and referred to the Committee on Publication.

The Delegates from Chester and Delaware County Society made a verbal report, which was received, and on motion, they were permitted to forward their written report to the Publication Committee.

A verbal report was also received from the Dauphin County Homœopathic Medical Society and the Harrisburg Dispensary, upon which a similar action was taken.

The *Report of the Committee on Publication* of the past year was then read and accepted, and referred to Committee on Publication. The Committee announced that the balance of the "Transactions" of the Society,—one hundred copies—were present, at the Secretary's desk.

The *Report of the Committee on Charter* was read and accepted. The report was referred to Committee on Publication.

On motion, the Committee was continued, with the same powers as heretofore.

Reports of the *Committees on Proving and Clinical Medicine*, were postponed until a later period in the session.

The *Report of the Committee on Improvements in Surgery* by John J. Detwiler, M. D., was then read.

On motion, the report was accepted and referred to the Committee on Publication, and the thanks of the Society tendered Dr. Detwiler for his able paper.

An animated and interesting discussion on the Subject of Surgery then followed, which was taken part in by Drs. Von Tagen, Detwiler, B. W. James, McClelland, Smedley, Roberts and others.

Dr. VON TAGEN addressed the Society at considerable length, dwelling principally on the points referred to in the report, and was listened to with marked attention. Dr. Von Tagen added his testimony to that of Dr. Detwiler, as to the numerous improvements recently developed in the field of Surgery. He especially commended the use of the wire ligature, asserting that by its use, many of the defects of the silken thread had been obviated.

In the treatment of Ozena he had been quite successful in the use of *Nit. ac.*, and *Aurum*. He also highly commended the use of Carbolic Acid in treatment of ulcers. The speaker also remarked on the treatment of fractures at the Pennsylvania Hospital, in Philadelphia, where these injuries are more successfully treated perhaps than at any similar establishment, and where the use of splints are almost entirely discarded, and the adhesive strips and bandages are almost exclusively used. In regard to the various methods of anesthesia, while he conceded that Ether and Chloroform still held the ground they had first taken, yet the Nitrous Oxide in operations admitting its use was safe, valuable, and free from some objections that might be urged against the two former anesthetics.

Dr. DETWILER said that the main objection to the Nitrous Oxide was in the short duration of its action, and the bulky apparatus necessary to its administration.

Dr. J. H. MCCLELLAND said that it might be repeatedly applied, and in this way time had for even lengthy operations, under its influence.

Dr. VON TAGEN stated that a patient could be kept under the influence of the Nitrous Oxide for a space of nearly or quite sixteen minutes. Care must be taken, in administering this gas, that a sufficient supply of air be had for the patient. The patient breathing into the bag containing the gas, it becomes surcharged with Carbonic Acid gas, which might be injurious or even fatal. This had been obviated by the use of a patent inhaler, recently invented, by which a free supply of atmospheric air was obtained along with the gas.

Dr. DETWILER remarked that in repeated exhibitions of the Nitrous Oxide, it gradually lost its effect. Thus, if the effect would last, say five minutes, at the first inhalation, at the second it would last a shorter period, and finally the effect would pass over almost immediately, or at most in a very short time.

Dr. ROBERTS thought this was a very important point, and desired to know whether Dr. Detwiler's observation had been confirmed.

Dr. VON TAGEN believed that this was substantially correct.

Dr. BUSHROD W. JAMES differed from Dr. Detwiler, with regard to the best method of operating for Cataract. Whilst he did not discard the old operation of couching, he thought it would be better in most cases to extract the crystalline lens, and the modified linear operation of Prof. Graefe was the safest and most expeditious manner of getting rid of a hard

**Cataract.** While in Berlin, last summer, he had seen Dr. Von Graefe perform this operation a number of times, and had likewise looked at many eyes upon which the operation had been performed, and from the rapidity with which it could be performed, and the good results that are obtained, he was satisfied that it was the best operation that has yet been suggested in Ophthalmic Surgery for Cataract. It is performed thus: The eyelids being held widely apart, and the upper lid being pushed well back so as to expose freely the upper part of the globe, and whilst a pair of toothed forceps in the hands of an assistant fixed into the conjunctiva and albuginea, just beneath the lower border of the cornea, draws the eye down and holds it, the operator with a narrow, sharp pointed knife, enters with the sharp edge looking upwards, the outer and upper part of the globe about half a line from the cornea, and about one or one and a half lines below an imaginary horizontal line drawn across the highest point of the cornea. While the knife is passing through the conjunctiva, sclerotic, and subsequently the iris, it is held with the point looking towards the central point of the anterior chamber, so that the knife enters this chamber through the iris, near its scleral margin. After about three lines of the point of the knife is visible, the blade is brought into a horizontal position, with the cutting edge still upwards, and passed across the anterior chamber and made to enter the iris on the other or inner side, near the origin of the iris, and passing on so as to come out of the albuginea and conjunctiva half a line from the cornea, at the same height of entrance. The incision is then made upwards, taking care that the cut is kept half a line outside of the cornea until the incision through the albuginea is completed. The edge of the knife had then better be turned forward, and the conjunctiva cut through with a drawing motion back and forth. The reason for this, is because the conjunctiva is a yielding membrane, and raises up into a fold, and by this precaution the conjunctival incision is made to correspond with the cut through the sclerotic.

The flap is then laid back over the cornea, and the piece of iris that is found at the wound is seized with a pair of fine forceps, and then pulled out a little, and cut off close to the wound, and thus making the latter clean and free from all ragged edges.

A properly curved sickle-shaped needle is then placed flatwise through the wound, and when well introduced, turned so as to make several incisions through the capsule of the lens, and then carried around its margin, making the opening in the capsule large. Then withdraw the needle and remove the speculum, when by slight traction upon the fixation-forceps, and gentle pressure or mild sliding manipulation with the handle of the needle above the posterior lip of the wound, the lens will be found to make its appearance at the opening, and can be readily removed with a small hook. The wound must be made clean before closing it; all opaque portions of the capsule or broken pieces of lens must be taken out, and any pieces of iris clipped off that are in the way of closing the wound. Then turn up the flap and adjust its edge with the other edge of the wound. The eye can then be dressed as after ordinary flap operation.

Dr. R. C. SMEDLEY referred to a case of amputation in which he was concerned some time ago. The patient was of a broken down constitution, and in a very debilitated condition. Previous to the operation being performed, medicinal and dietetic measures were resorted to, with a view of giving tone to the system, and preparing it for the shock. Various remedies were homœopathically administered, principally *Calcarea Carb.*, and a diet, almost exclusively vegetable and farinaceous, strictly adhered to, with very happy effect. The operation was then successfully performed and the patient made a good recovery. The arteries were found to be so much disorganized that it was with difficulty they could be secured.

Dr. VON TAGEN thought the principle of diet adhered to in the above case to be incorrect. He thought a good nutritious diet, with plenty of

animal food, would be most proper in such cases. He asked Dr. Smedley upon what grounds he had used vegetable food so exclusively.

Dr. SMEDLEY replied that in this patient there existed a constitutional taint, which he would term scrofulous. In animal food, we have the clean with the unclean. Many animals offered as butchers' meat, are in a diseased condition when slaughtered, and we know that animals are as liable to disease as man. Now if we partake of this meat, we are taking into the system the germs or perhaps the detritus of the disease of which the animal was sick. He considered therefore that such food was not fit for the system, particularly if in an already diseased condition, as in the case related.

Dr. JAMES then called the attention of the Society to a new form of Strabismus hook, which had suggested itself to his mind whilst operating recently upon an obstinate case of external Strabismus, in which he had set back the external rectus twice, and in the third operation had found it a very troublesome one on account of the great number of fibrous bands by which the muscle had re-attached itself to the sclerotic, that he had to sever. It consists in a hook which has a blade or sharp edge on the inner or concave part of the hook, about midway of the curve, or across that part next to the handle. The outer end of hook is blunt.

The advantage of this instrument is that the scissors is done away with, and the operation thereby expedited. The lids being properly held open, and the eye being fixed, there is nothing to be done after cutting through the conjunctiva and sub-conjunctival fascia, but to take the muscle or muscular bands on the outer end of the hook, and then by slipping the hook further along under the muscle, until it passes over the sharp edge, which severs it at once.

Dr. DETWILER thought there was one objection to which the instrument was liable, and that was, that all the bands of the muscle were severed that were taken up on the hook, while in the old method you could divide only a portion, if necessary.

By cutting off all the muscular bands, we are liable to make a Strabismus in the opposite direction.

Dr. JAMES said there would be no difficulty on that point, as only a portion of muscle could be taken upon the outer end of the hook if need be, and these divided, and then others could be taken up and cut if the first were not found sufficient to remove the squint. He had generally found, however, that the whole muscle had to be divided, and even any straggling bands that might be present. Moreover, the muscle might be taken up on the outer end of the hook, and examined before the cutting edge of the hook was pushed under it.

Dr. DETWILER then expressed himself satisfied with the instrument, and said he would give it a trial.

It was moved and carried, that the hour of adjournment shall be 1 o'clock, and the hour for re-assembling, 8 o'clock.

The Chair then announced the following as the Committee on Nominating Officers.

Drs. Côté, Wood and Roberts. Adjourned.

#### AFTERNOON SESSION.

The Society met pursuant to adjournment, Dr. J. H. Marsden, 1st Vice-President, presiding.

The discussion on the subject of Surgery was continued.

Dr. W. JAMES BLAKELY gave his views in regard to the medical treatment of Strangulated Hernia, instancing a case in his practice, that had resisted all manual interference, and was successfully treated by a Homœopathic remedy; Dr. Blakely gave several valuable suggestions in regard to the medical treatment of this difficulty.

Dr. JAS. B. WOOD also referred briefly to the same subject.

Dr. B. W. JAMES mentioned, that while visiting the hospital in Cork, he was informed by the surgeon of that establishment, that his mode of procedure in Strangulated Hernia, for several years, had obviated the necessity of operating. His plan is to grasp the sac containing the tumor, making traction upon it, while at the same time pressure is made upon the contained gut, which passes into the abdomen through the now dilated sac. At his visit, the surgeon demonstrated his method upon a boy just brought into the hospital, successfully reducing the Hernia.

Dr. J. H. McCLELLAND read a report of a recent case of amputation in the Pittsburg Hospital.

Also, a paper on "*Dressings on Surgery.*"

These papers were accepted and referred to the Committee on Publication.

Dr. F. A. ROCKWITH made some remarks on the use of Carbolic Acid as a dressing in Chronic Ulceration, &c.

He was followed by Dr. Von Tagen, who also testified to its value in these cases, and lauded it as an antiseptic and preservative of bodies for dissection.

Dr. R. J. MCCLATCHY also spoke as to its value in preserving *Cadaveræ*, and suggested that its action in the treatment of ulcers was strictly Homœopathic; that the bodies he had used in his lectures before the class of the Hom. Med. College of Penn'a., had been prepared with the acid, as well as those used by Dr. Von Tagen in the Hahnemann Medical College, and that Dr. Von Tagen and himself were both suffering from what might be termed *ulceration* on the hands.

The Committee on Nominations then made their report, which was accepted, and the Committee discharged.

The election was then proceeded with, with the following result:

President, Coates Preston, M. D., Chester; First Vice-President, H. H. Hoffman, M. D., Pittsburg; Second Vice-President, John J. Detwiler, M. D., Easton; Recording Secretary, Bushrod W. James, M. D., Philadelphia; Corresponding Secretary, Robert J. McClatchey, M. D., Philadelphia; Treasurer, Walter M. Williamson, M. D., Philadelphia; Censors, J. H. Marsden, M. D., Richard Koch, M. D., O. B. Gause, M. D.

The President elect was then conducted to the chair, and addressed the Society in a neat speech. He thanked the Society for the honor so unexpectedly conferred upon him. He said that hitherto it has been the practice to place several in nomination and to elect by ballot. He thought the Society had been partial in this instance. He would, however, endeavor to fill the office to the best of his ability, relying upon the forbearance of the members of the Society if errors were committed, and looking for advice from those who preceded him in the occupancy of the chair.

The REPORT OF THE COMMITTEE ON PROVINCS was then read by Dr. ADOLPH LIPPE.

On motion, the report was accepted, and it was referred to the Publishing Committee.

The thanks of the Society were tendered Dr. Lippe for his able paper.

Dr. W. JAMES BLAKELY then read a very valuable paper, being a proving of the *Arsenite of Copper*, conducted by himself and some friends.

The paper was accepted and referred to the Committee on Publication.

A vote of thanks was extended to Dr. Blakely, and he was requested to continue his observations and report at the next meeting.

Dr. J. H. McCLELLAND reported that he had taken the drug, as sent him by Dr. Blakely, but had no symptoms to report, except that after using it he observed a very marked *decrease in flesh*.

Dr. BLAKELY expressed himself as much gratified at hearing Dr. McClelland's remarks. He had observed the same thing in himself

while under the influence of the drug, but did feel disposed to attribute it to the action of the Arsenite, and therefore did not report it.

Dr. W. WILLIAMSON remarked that sometimes just such symptoms were the most valuable in a proving. While he was engaged in the proving of *Fluoric Acid*, some time ago, he had been becoming more and more bald for two years; about two months after taking the acid, a new growth of hair was discovered, which continued to grow. He has found it very valuable in this affliction.

Dr. BLAKELY then referred to the proposition he had made at the last meeting of the Society, relative to the organization of a State Provers' Union. This subject was discussed by the members.

Dr. LIPPE in reply to a question, followed in some able and eloquent remarks, in regard to the subject of provings; the provings of all preparations from the tincture to the highest potencies; the manner in which provings should be conducted and recorded; and the weight they would thus have on some of the vexed questions of our school, particularly the *dose*. He remarked that some symptoms had been arbitrarily rejected in provings because they had been obtained from potencies; instancing the ear symptoms of *kali bichrom*, rejected by the British compiler, and which had been since verified frequently in practice, and some of the cases reported in the *Hahnemannian Monthly*.

The names of Drs. CHAS. FAGER and WM. F. CHRIST, of Harrisburg, were presented for membership by the Board of Censors.

The above gentlemen were thereupon duly elected members of the Society.

The report of the COMMITTEE ON HOMŒOPATHY AND CLINICAL MEDICINE was then read by MICHAEL FRIESE, M. D.

The report was accepted, with the thanks of the Society, and referred to the Publishing Committee.

Dr. FRIESE also reported the case of a lady afflicted with Paralysis, the main symptoms being an absence of power over the muscles of locomotion, and an affection of the nerves of sensation. Her cure had not been effected, and the Doctor asked for advice on the case.

Dr. W. JAMES BLAKELY narrated the case of a boy who had been similarly affected, his lower limbs being completely paralyzed, and his growth retarded. A cure was effected by administering Bryonia, after which his system developed regularly.

Dr. VON TAGEN suggested that it might be a case for Progressive Locomotor Ataxy, and urged Dr. Friese to subject the patient to proper tests. He had cured a somewhat similar case with Bromide of Potassium.

Drs. ROCKWITH and DETWILER instanced cases similar, treated the one with Belladonna, the other with Pulsatilla followed by Silicia, respectively.

The Society then adjourned to meet at 8 o'clock, to listen to the annual address.

#### EVENING SESSION.

The meeting was called to order at 8 o'clock, by the President, Dr. Preston; who introduced Prof. J. H. P. Frost, the orator of the evening.

Prof. Frost then presented an able and lucid address on the scientific development of Homœopathy. He alluded briefly to the rise and progress of Homœopathy, and more at length to the wonderful and efficient results obtained from the use of the higher Homœopathic preparations. He concluded by referring to the extraordinary cures effected by Homœopathic treatment of the insane. He anticipated in the future even more brilliant results in Homœopathy than had followed its track in the past.

The Society then went into executive session. A vote of thanks was tendered Dr. Frost for his valuable address, and a copy solicited for publication.

A motion was made that the Society meet in Harrisburg next year on the second Tuesday in May.

Dr. MARSDEN, thought the meeting ought to be held later in the year, when the climate was more of an even temperature. He moved to amend by making the motion read the first Tuesday in June.

Dr. JAMES B. WOOD urged the Society to sustain an amendment which he then offered, fixing the next meeting of the Society at West Chester. He thought a larger attendance could be secured by meeting there the next year, than if Harrisburg was agreed upon.

Dr. Frost was in favor of having the Society meet where the largest attendance could be had. Everybody could not be suited. But a central place would suit more than any other.

Erie was recommended by Dr. Blakely as a good place for holding the next meeting. The Society had met at Pittsburg, Philadelphia, and Harrisburg, and it was no farther for him when he went to Philadelphia or Pittsburg, than it would be for members from Philadelphia and Pittsburg to go to Erie.

Gettysburg was also recommended as a suitable place for holding the next annual meeting.

The Society finally agreed to meet in Harrisburg, next year, on the third Tuesday in May.

Dr. WILLIAMSON then read a paper on the *Nomenclature of the Materia Medica*, and the settlement of some standard in the preparation of our remedies, accompanied with a resolution referring to the whole subject.

On motion, the paper was accepted, and referred to the Committee on Publication, and the resolution adopted as the sense of the Pennsylvania State Society. The delegates to the forthcoming meeting of the American Institute were instructed to present the subject in that body.

The REPORT ON EPIDEMICS AND ENDEMICS, by Drs. Jacob Jeanes and W. M. Williamson, was then read by Dr. W. Williamson. The report was accepted and referred to the Committee on Publication.

Dr. J. J. DETWILER moved that the Society proceed to the election of delegates to the American Institute of Homœopathy. Agreed to; and the following named gentlemen were duly elected delegates:

Dr. John E. James, Philadelphia; Dr. John C. Morgan, Philadelphia; Dr. J. C. Burgher, Pittsburg; Dr. R. C. Smedley, of West Chester, and Dr. M. Coté, of Pittsburg.

The delegates were also invited to act in the same capacity at the Michigan State Society and the Western Institute.

The Society then adjourned to meet on Wednesday morning, at 9 o'clock.

#### SECOND DAY.

The Society met promptly at 9 o'clock, the President in the chair. Dr. Richard Koch was appointed Secretary, *pro tem*.

The discussion on the report on Homœopathy and Clinical Medicine being in order, Dr. ROCKWITH of New Jersey read an interesting paper on the advantages of a liberal education to the Homœopathic student. The paper of Dr. Rockwith was on motion accepted and referred.

A report was submitted by Dr. M. Coté, of Pittsburg, relative to the Homœopathic Hospital and Dispensary, of Pittsburg. The Hospital was established about two years ago. 256 patients had been admitted with a mortality of 17—less than 7 per cent. During the 20 months of the existence of the Dispensary, 2,504 prescriptions have been issued, 1,724 of which were issued last year. The report was accepted and referred.

The Report of the Committee on Obstetrics not being present:

Dr. J. H. MARSDEN submitted a verbal report on recent improvements in Obstetrics, illustrated by several cases that had come under his care during the past year. A vote of thanks was tendered Dr. Marsden for his interesting report, and he was requested to furnish a written report for the Publication Committee.

*The Report of the Committee on Obstetrics*, by Drs. H. N. GUERNSEY and H. N. MARTIN, was then read by Dr. McOlathey.

The report was accepted and referred to the Committee on Publication, and a vote of thanks tendered for the paper.

A discussion on this important branch then ensued, principally in relation to the arresting of uterine hemorrhage and the use of the bandage in *post partum* women; taken part in by Drs. R. Koch, O. B. Gause, J. H. Marsden, W. Williamson, F. A. Rockwith, R. C. Smedley, C. H. Von Tagen, M. Friese, C. A. Stevens and others.

Some of the members alleged that medicines were not sufficient in arresting hemorrhage, particularly after parturition; that local means were necessary, the exigency requiring the most active measures. The tampon, ice, grasping the uterus, &c., were mentioned as being resorted to, and after the immediate danger had passed, then the proper remedy might be administered with advantage. Others contended, on the contrary, that the proper Homœopathic remedy had never failed them at these junctures.

In regard to the use or non use of the bandage, after parturition, Drs. Williamson, Gause, Smedley, Von Tagen and others, regarded it as absolutely essential to the well being of the patient. While the dictates of fashion so greatly mar the female form, they contended that support at the post parturient period was necessary; and that the relief afforded to the patient after its application, as by her expressed, was sufficient evidence of its utility. They all agreed that it might be and no doubt is, often improperly applied, and in that way may do harm.

Others of the members contended that having used the bandage for years they had now adandoned its use, and in their estimation, with great advantage to their patients. Dr. C. A. STEVENS said that he had supposed a bandage a thing indispensable, or as he humorously expressed it, that the woman would 'fall to pieces,' if it were not applied. Recently, however, he had had a patient who positively refused to have one on, and he was obliged to let her have her way. Much to his surprise he found she made an unusually fine recovery, and was very soon up and about. Afterwards he refrained from using it whenever he could, and now he never applies it, and he gave it as his testimony that his patients never did better.

The Board of Censors reported favorably on the names of Drs. S. F. CHARLTON, and J. W. BECHTLE, of Harrisburg, and J. W. BRICKLEY, of York, who were then duly elected members.

The *Treasurer's* Report was then submitted, and referred to the Auditing Committee consisting of Drs. J. B. Wood and W. Williamson.

Dr. B. W. JAMES, then submitted the report of the Delegates to the French International Homœopathic Congress, held in Paris, August 9th to 14th, 1867. The report was accepted and referred to Committee on Publication.

The Auditors reported that they had examined the Treasurer's Accounts and found the Report correct. The report was accepted and the Auditors discharged. The Auditors also submitted a report to the effect that inasmuch as it is desirable that the proceedings be published without delay, and in good style, they would suggest that *the annual fee be increased to two dollars*.

This being put in the form of a resolution, was unanimously adopted.

On motion, the vote fixing the time and place of the next meeting was reconsidered.

Dr. J. S. PROUTS moved that when this Society adjourns, it adjourn to meet at Wilkesbarre, (instead of Harrisburg,) on the third Tuesday of May, 1869. Dr. Stevens moved to amend, by making the place of meeting Scranton. Not agreed to, and Wilkesbarre was agreed upon as the place for holding the next annual meeting, on the 3d Tuesday in May.

The President suggested the importance of the Society remaining in session until all the business had been transacted. A majority of the members desired to leave in the afternoon; hence the necessity of having but one session. A motion was made and agreed to, that there be but one session.

The *Report of the Committee on Homœopathic Statistics*, by D. COWLEY, M. D., was then read by Dr. McClatchey.

On motion, the Report was accepted, with the thanks of the Society, and referred to the Committee on Publication.

Dr. J. H. McCLELLAND submitted, as supplemental to the Report on Statistics, that while the mortality in the Homœopathic Hospital of Pittsburg was less than seven per cent.; in a similar institution in the same place, under Allopathic care, the mortality was a fraction less than thirteen per cent.

Dr. B. W. JAMES also submitted that in the Northern Home for Friendless Children, in Philadelphia, while in seven years and a half under Homœopathic auspices, the mortality was 16; in seven and a quarter years under Allopathic charge the deaths were 20, while there was one hundred more inmates during the Homœopathic than during the Allopathic term.

Dr. COTE, from the *Committee on Dietetics*, reported that he had been unable, from want of time, to prepare a paper on that subject.

The Report was accepted and Committee continued.

The *Report of the Committee on Hygiene* being prepared but not present, was ordered to be referred to Committee on Publication.

Drs. R. J. McCLATCHY and B. W. JAMES were appointed the *Committee on Publication*.

Dr. J. H. McCLELLAND offered the following Resolution which was adopted:

*Resolved*, That the Recording Secretary may affix the name of newly elected members to the Constitution, upon the receipt of the initiation and annual fees, and the requisite authority from said members.

On motion of Dr. Williamson, the Editor of the "*Hahnemannian Monthly*," was authorized to publish any part of the Transactions or Papers of the Society, he may desire, before the Proceedings are regularly issued.

The Society then proceeded to the election of an Orator and Alternate for the next session. Dr. J. C. BURGER, of Pittsburg, was chosen Orator, and Dr. R. J. McCLATCHY, of Philadelphia, Alternate.

On motion of Dr. B. W. JAMES the number of members constituting each of the Committees on Scientific Subjects is to be increased; and each of the subjects to be reported on, to be subdivided, each subdivision to be referred to a member of the Committee.

On motion, the President and Recording Secretary were instructed to appoint all Delegates, Committees on Scientific Subjects, and such other committees not otherwise provided for.

Dr. FRIESE then read a paper on the decease of Drs. J. J. Smith and J. J. Bender. The paper was accepted.

Dr. J. B. WOOD then read a paper entitled "a resumé of last year's practice." The paper was accepted and referred.

Dr. Wood's paper evoked considerable discussion on the treatment of eruptive fevers.

Dr. R. C. SMEDLEY stated that he used *Sarracenia* and *Tartar Emetic* in small pox, with application of pearl-barley water to allay the itching.

Dr. O. A. STEVENS had used *Sarracenia* alone, and wished for nothing better.

Dr. RICHARD KOCH had given in a severe epidemic of small pox, *Tartar em.* in doses of  $\frac{1}{16}$  of a grain, and all his patients recovered.

Dr. WILLIAMSON made some remarks on the treatment of Syphilis, and referred to Hausmann's recent work, as containing much valuable matter for professional men.

The Report of the Luzerne County Homœopathic Medical Society was submitted by Dr. Stevens. The report was received and referred.

The thanks of the Society were extended to Gen'l. Jas. L. Selfridge, Chief Clerk, and Col. Smull, Resident Clerk of the House of Representatives, for their courtesy in placing the Hall at the use of the Society.

A vote of thanks was also given to the Committee of Arrangements and Physicians of Harrisburg for their kindness and courtesy.

Drs. Pfouts, of Wilkesbarre; Stevens, of Scranton; James and Mc Clatchey, of Philadelphia, were appointed the Committee of Arrangements for the next session.

Dr. F. A. ROCKWITH tendered his thanks to the Society, as a representative from New Jersey, for the many acts of kindness he had received. He hoped this interchange of delegates would be continued. He gave an encouraging report of the progress of Homœopathy in New Jersey. There were some forty members of the New Jersey Homœopathic Society, although the Society had existed only three months. The State of New Jersey counts about eighty Homœopathic practitioners. He invited the Pennsylvania Society to participate in the proceedings of the New Jersey Society.

The Resolution offered at the last meeting, that the Physicians of the place of Annual Meeting are not expected by this Society to offer a public banquet to the delegates and members, was again adopted.

The minutes of the Third Annual Session were then read and approved.

The Society then adjourned to meet in Wilkesbarre on the 3d Tuesday in May.

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## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., Secretary.

The May meeting of this Society was very well attended, the President, Dr. Richard Gardiner, occupying the chair.

The minutes of the last meeting were read and approved.

The President then stated that he felt it incumbent on him to address a few words to the Society, although Vice-President Gause had said everything necessary at the annual meeting. The following was then read by the Secretary on behalf of Dr. Gardiner.

GENTLEMEN:—The position in which you have placed me by your votes, the highest in the gift of the Society, the honor you have again conferred on me in choosing me for your presiding officer, with all the duties and pleasures thereto attached,—and in which I need scarcely fear impeachment in these days of peril,—leads me to feel grateful for your confidence and kindness, and to give you the assurance that I shall endeavor to perform my duties to the best of my ability. The past year has been one of much interest to us all; we have enjoyed our meetings; the discussions have been conducted with prudence, discretion and zeal,

and though warmth of argument has been manifested, there has been great forbearance. Much useful instruction has been given and received, and we have all felt glad when the stated time for our meetings have month by month rolled around and again brought us together, to listen to the remarks that have grown out of the rich experience of those who have been toiling in the field for a quarter or a half century, those who, struggling for a time in the broad and beaten track that leads to death, were at length led by the glorious light that burst upon the world through the genius of Hahnemann, and that is now irradiating the whole earth, to see the guiding principle in the cure of disease, under the formula *similia similibus curantur*.

Gentlemen, we must ever bear in mind and strictly adhere to the principles laid down by the Master; closely following in his footsteps, if we would be as successful as he. The question is often asked, "Why are we not as successful now, as were the Homœopaths of days gone by?" Do we adhere closely to the teachings of him who endured persecution nigh unto death, for principle? Or do we not find many running from the narrow path, to the old, broad, beaten way? Shall we not say in deep humiliation, in the language of the church, from such ways "Good Lord deliver us?" Are we not using drugs unproven, and such as we cannot pronounce on their similarity? Do we properly appreciate potentiation? Do we properly prove drugs? Do we not prove drugs in their crude and unpotentized condition, and thereby lose their true character? Potentized drugs and the single remedy are the safest, best, and most certain.

I have now gone far beyond what I intended to say, and perhaps even these remarks are too crude and need potentizing. Trusting that we may increase in usefulness, and that harmony and good will may dwell with us, let us exemplify the truth of the old adage that "In union there is strength."

On motion, the address of the President was received and ordered to be filed, and the thanks of the Society returned for it.

Dr. HENRY N. MARTIN then offered the following resolution: "*Resolved*, That this Society is opposed to the principle of keeping secret the methods of preparing any of the medicines now in use or for sale to the profession."

Dr. MARTIN stated that his reason for introducing the resolution was that in the report of the proceedings of the meeting held March 19th, as published in the *Hahnemannian Monthly*, it was represented that the Society was nearly unanimous in condemning secrecy in the making of "high potencies," which Dr. Martin said was not correct, the Society being unanimous.

The SECRETARY defended the correctness of his record, stating that the Society was not unanimous, and in this he was sustained by the members.

The resolution was, on motion, laid on the table.

The Secretary announced that in consequence of the absence from the city of Dr. Von Tagen, his paper would not be read until the next meeting.

Dr. JACOB JEANES then read a very able essay, entitled the "Facts and Theories of Homœopathy, No. 2—The Single Dose."

The thanks of the Society were extended to Dr. Jeanes for his valuable paper.

Discussion was then proceeded with.

Dr. WILLIAMSON supposed that we had been so much and deeply engaged in the treatment of cases as they arose in practice, that we have not permitted ourselves to penetrate very deeply into the realms of science. He acknowledged his deep obligations for the paper, but confessed himself unwilling to say much concerning it until he had seen it in print. While the judicious practitioner will not repeat the dose when he

conceives it to be unnecessary, he will not refrain from repeating it on any theoretical grounds, where it may appear to be necessary. He must be governed by the indications of his case. We have not yet arrived at that point where we are able to decide when and how often the dose should be repeated, but he had no doubt but that this with other points would be eventually settled.

At first, the almost universal plan was to give two doses, following Hahnemann's method. We must remember, however, that from 1835 to 1848, Hahnemann treated almost exclusively chronic diseases, generally prescribing from the detail of symptoms given him. There are acute diseases that have no specific course to run, and these may often be cut short by a single dose of the right remedy; but it has always appeared to him sound both in theory and practice, that in particular diseases arising from some morbid agency, where the cause continues to act, that a single dose exhausts its action on the system before the action of the morbid cause ceases. Thus by theory he would be led to repeat the dose and he believed it had been confirmed in practice.

Dr. H. N. MARTIN. Does it not make a difference in regard to repetition, whether you use the high or low potencies?

Dr. WILLIAMSON. Most assuredly. If in a case of acute disease, as scarlet fever, the physician were to prescribe a single dose of a low potency, and wait twenty-four hours, he might have no opportunity of repeating it; whereas, if a high potency were given, and frequently repeated, the case might become considerably mixed!

Dr. GUERNSEY. It is quite as hard to know when to repeat as it is to know what to prescribe in a given case. The phase of the case may vary so from time to time, that we may be prompted to repeat where it would actually be injudicious. In nature, the transition from season to season is gradual. Summer approaches through spring, gradually. The spring days often assume the garb of winter, and then become more genial, and thus changing fine weather is established, and summer is fully set in. In the natural processes of the body, as after parturition, the same thing is observed. Thus the lochial discharge, gradually fading, with occasional outspurts, ceases, and the woman thinks she is well; but it returns again and again, in the nature of a pinkish discharge, until it finally ceases, and the woman is then *well*. Thus in disease, also, we find the same thing obtains; the same ups and downs. We give a high potency of a carefully selected and Homœopathic remedy, and after a time we find the patient is not so well as at first. Now the questions arise, is this the natural action of the remedy, or of the disease influenced by the remedy; or is the patient getting worse? This appears to be a difficult point to be decided. If he is fully assured of the Homœopathicity of his remedy, his course is to await patiently its action, and he finds everything come right. In consequence of the varying action of the diseased organism, it is difficult to know when to repeat a remedy, and when not to repeat it.

Dr. H. N. MARTIN had frequently observed that after giving a single dose of a high potency with good effect, that the patient appears to grow worse. By waiting in these cases, he had found the patient got better again, and well. Sometimes he had repeated the dose, and the patient became worse; repeated again and still worse; changed the remedy, still worse; then in disgust had given nothing, and the patient speedily recovered.

The idea of a medicine curing a disease, is something he had grave doubts about. He had established a theory of his own in this regard. Nature has always something held in reserve. We might suppose it impossible that we could jump twelve feet, yet if pursued, under the influence of terror, we would develop surprising power that would enable us to leap the distance readily. If the vital powers become depressed, and

the patient lapses into that condition we call disease, he had thought that in the giving of medicine, by its action the power lying dormant in the system was released and compelled to drive the disease out. If the first dose does not call up the force, it will be necessary to repeat. This idea is very crude, but he has entertained it for some time.

Dr. JEANES. Under both hypotheses, as laid down in the paper, we are led to the single dose. Under one, however, the *disturbability*, we would be exceedingly timid about repeating the dose, or of even giving the first dose. He had had the same experience as Dr. Guernsey. Had seen many such cases as alluded to by him. The bad part of the wheel will come uppermost again and again, and yet the patient be gradually getting better. Repetition of doses is something that the physician seems prone to. The one who uses low potencies repeats frequently, while he who uses high potencies dissolves his pellets in water, and orders doses to be given so and so, which is certainly repeating the dose. He thought it was often very prejudicial to repeat the dose.

Dr. GUERNSEY. There is absolute danger in repeating the dose, in these "turnings up of the bad part of the wheel," as Dr. Jeanes happily expresses it. Dr. Williamson had said to him, a long time ago, and he (Dr. G.) had never forgotten it, that he had had patients getting along finely, until he unfortunately repeated the doses, and he could not get his patients back into the old good condition again. Where aggravations of the nature spoken of before occur, he thought it bad practice to repeat.

Dr. B. W. JAMES. Just here we see the importance of knowing the difference between the symptoms of disease, those of the drug, and those of nature in her reaction. There certainly is a line of demarcation, where the disease symptoms leave off, and those of restoration set in; the same as there is in the proving of a drug, where a certain train of symptoms are the effect of the drug itself, and other symptoms are only those produced by the system itself, in re-establishing a normal state, or in bringing the functions again into healthy play. These latter effects, if noted in the proving of a remedy, are, of course, not properly drug symptoms, and will not be cured, in disease manifestations, by that drug. We cannot yet discover the dividing line, but he thought we might, at some day, by close observation, be able to do it, and then we will be able to know just when to give a remedy, and how often to repeat it, and when to stop and leave nature to herself.

Dr. J. C. MORGAN. Usually gives three doses. Had often found his patient on the first day after prescribing, better of *some* symptoms; on the second day others were better, but some new, collateral symptoms were presented. He had often at this point been at a loss whether to repeat or not. He was called to a case of croup. The child was fat; had barking cough, like the barking of a dog, fever and vomiting. Gave *Spongia* 2c every two hours for some days. The child was constipated, and on calling again, found the mother had given Castor Oil. He then gave Sac. Lac. Two days after the cessation of the *Spongia*, he found the child's cough much softer, yet still barking. He gave *Hepar*, three doses, and there was no more of it. In another case, that of an old lady, there were symptoms of pneumonia. Auscultatory symptoms those of bronchitis; sibilant respiration; crackling sound in upper part of left lung, with bellows sound, chills, &c. Gave first, three doses of *Belladonna*, followed by amelioration, but subsequent aggravation. Gave *Bryonia* in water, in repeated doses. This was followed by amelioration, but subsequently its action ceased. Then gave *Sulphur* in water. This produced amelioration also, followed by aggravation of double the former extent. At this point, after much doubt and hesitation as to what he should do, gave Sac. Lac., and the patient has been getting better ever since. If he finds the *periodicity* the disease started with, changed, he regards it as the

effect of the *disease*. If the *periodicity* and *morale* are manifestly changed, while the main affection is unchanged, he regards it as an aggravation by the remedy, and repetition inadvisable. In the old lady's case, he regarded it as an aggravation of Sulphur, because the nose became very red; a sulphur symptom. In treating Gonorrhoea, he had found that by repeating the dose, violent aggravations had resulted. He thought that this disease, belonging to the animal sphere, was liable to show aggravations. Would like to know what it is that we term "vital principle." He regarded it as composite.

Dr. WILLIAMSON. If we would know the true end of things, we must study the means. We must study the natural history of diseases. A large number of diseases, attacking the organism, in course of time change their locality and condition. He was called to see an old gentleman who had apoplexy. He gave an appropriate remedy, and he got better. But while his health was better, his heart was worse. Hahnemann's doctrine, that symptoms disappear inversely as they appear, was in his experience, correct. The appearance and aggravation of the heart symptoms in this case, were the natural results of the apoplectic condition being removed. When we relieve the heart symptoms, we have showing itself, a kidney affection. Thus, in apoplexy in old persons, we almost invariably find they had, earlier in life, some heart affection, and before this, perhaps in childhood or youth, a kidney affection. Thus, the symptoms last appearing are the first to be cured. Thus we will perceive it is important to study the natural history of disease, as well as the pathogenesis of drugs.

The Secretary was instructed to appoint a delegate to the American Institute of Homœopathy.

The Society then adjourned.

## HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER AND DELAWARE COUNTIES.

CHESTER, May 5th, 1868.

THE semi-annual meeting of the Society was held as above, I. D. Johnson, M. D., President, in the chair.

The following gentlemen were present, Drs. Mercer, C. Preston, Johnson, J. B. Wood, H. C. Wood, Scott and Smedley. Professor R. J. McClatchey, of Philadelphia, was also present by invitation.

The Recording Secretary, Dr. Jones, being absent, Dr. R. C. Smedley was appointed Secretary pro. tem.

The Minutes of the last meeting were read and approved.

On motion of Dr. J. B. Wood, the times of meeting were changed from semi-annual to quarterly; the annual meeting to be held in West Chester, as formerly, on the first Tuesday in October; the semi-annual in Chester, on Hahnemann's birth-day, April 10th, except that day falls on Sunday, in that event to be held on the Tuesday following. The two remaining meetings to be held respectively on first Tuesday in July and January.

Dr. GEORGE C. WILLIAMS, of Coatesville, was duly elected to membership. A paper, entitled "A History of Homœopathy and Homœopathic Practitioners in Chester County," prepared by Joseph B. Jones, M. D., was read by Dr. Wood. Drs. Williams, Scott and Smedley were

appointed a committee to confer with Dr. Jones in the revising of the paper.

The Secretary's bill was ordered to be paid.

COATES PRESTON, M. D., then read a paper, entitled "A Little Experience with the 200th Potencies," by which several cases of Gonorrhœal Ophthalmia, Neuralgia, Dysentery, Intermittent Fever, &c., were successfully treated.

DR. MEECHER reported Intermittent Neuralgia, with morning aggravations, cured with *Pulsatilla* 2c.

DR. SMEDLEY reported that he had better success in the treatment of Intermittent fevers with the 2c than with lower potencies.

DR. MCCLATCHY reported a case of Neuralgia; the pain centered in the left malar bone and zygoma, and around the eye; very severe and intolerant of even the slightest degree of pressure, so that the weight of a handkerchief laid on face was unendurable. *Verbascum Thapsus* speedily removed the suffering, which has not returned in eighteen months, whereas previously it recurred at intervals of three weeks regularly, for twenty years.

DR. WILLIAMS asked for advice in a case of bilious sick headache with vomiting. *Iris Versicolor* was highly commended in such cases.

DR. J. B. WOOD then read an interesting paper, entitled "A Resumé of the Past Year," in which was compared the Homœopathic and Allopathic practice in the treatment of an epidemic of Scarlet Fever, showing the pre-eminent success of the former method. (Of the seventeen deaths reported, all occurred in Allopathic hands, whereas, in Homœopathic hands, although as many cases, probably, were treated, none died.) Dr. Wood gave account of remarkable success in his last year's practice, while using the lower potencies. This gave rise to a discussion on the efficiency and the relative merits of high and low potencies, and of the propriety of alternating remedies. While this latter was practised by nearly all, and with good success, it was admitted to be not the strictly correct method of selecting and administering the Homœopathic curative agent, (an expedient but not a principle.)

DR. PRESTON remarked that our want of success in the use of high potencies was due, in part, to our unwillingness to wait in many cases, for the full development of the drug action.

DR. MCCLATCHY stated that he knew of a case of Typhoid Fever, in which *Apis*, a high potency, had been given, the stools consisting mostly of Mucus, and in which a very rapid and satisfactory recovery had taken place.

DR. WILLIAMS cures gonorrhœa with *Apis* and *Cannabis*, low. Dr. Scott uses successfully *Staphysagria*, *Gelseminum* and *Eryngium Aquaticum*, all of 1st decimal dilution, in Spermatorrhœa.

DR. WILLIAMS uses successfully *Arum*, *Triphyllum*, in cases of intolerable itching on going to bed.

DR. SMEDLEY reported a case of constant, dry cough, with scarcely any intermission day or night, occasioned by tickling in the chest, under the sternum, cured promptly with *Arum Triphyllum* 2.

DR. MCCLATCHY stated that he used *Scilla Maritima* in such cases with great success. He also gave an account of the very successful and interesting meetings of the Philadelphia Medical Society.

It was resolved that the next meeting of the Society, on first Tuesday in July, be held in Norristown, at the office of Dr. Mahlon Preston.

On motion the Society constituted itself delegates to the State Society.

Drs. J. B. Wood and Smedley were appointed delegates to the American Institute of Homœopathy.

On motion the Society then adjourned.

R. C. SMEDLEY, *Secretary, pro. tem.*

## CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

REPORTED BY

JAS. B. BELL, M. D., Secretary.

ANNUAL MEETING HELD AT WATERTVILLE, April 21st, 1868.

THE President, Dr. PAYNE, in the chair.

The Secretary read the following case, furnished by request, by Dr. BURR, of Portland.

Miss L——, aged 26.

May 30th.—Eight or ten years ago had a severe attack of typhoid fever, since which time she has never been very well. At present she suffers most of the time from pain in the head, which seems to come from the cervical region up to the occiput, then pass on to the vertex and forehead.

Going up-stairs, or any jarring sensation, aggravates the pain. Has frequent attacks of vertigo. Has sharp cutting pains in the right side, just below the lower border of the liver, aggravated by motion and respiration; the pain frequently extends to the stomach, producing strange and disagreeable sensations, which are not relieved by eating.

Sensitiveness and pain in the cervical and lumbar regions—pressure upon those points produced vertigo. Appetite poor, never eats with any degree of pleasure. Sleeps pretty well, but not soundly, cannot lie upon the left side—cold perspiration at night, generally towards morning.

Likes to be in the cold open air; company wearies her; sensitive to impressions; easily moved to laughter or tears; at times imagines she is two persons; has two wills; she is better in the open air, in a cold room, and when alone. *Gave Silicea* <sup>200</sup>.

June 13th.—Better; pain in the side relieved; sleeps more soundly; still has pain in the occiput and forehead; walking increases the pain in the back; is *irritable* and *sensitive*, cannot *endure* the *least dictation*, at times *dislikes* to be *even spoken to*. The symptoms italicized are strongly suggestive of *Helonias*, and when they occur in connection with, or as the result of uterine difficulties, there are the strongest probabilities of witnessing most gratifying results from its administration. It is truly an "uterine tonic," and exerts a powerful influence over the many mental and physical discomforts arising from an irritable or prolapsed uterus. In the one case it harmonizes and regulates its disturbed nervous action—in the other, it restores the organ to its normal position.

The patient under treatment received *Helonias* 3d, because there was no higher preparation at hand.

July 10th.—Much better in all respects; still not very strong, easily fatigued by walking; continued the remedy.

Oct. 1st.—Still improving; sleeps well, appetite good, no pain in the head; occasionally has pain in the spleen. *Gave China* <sup>200</sup>.

In a letter received from her a few days since she states that she is stronger in body and mind than she had been for years.

Dr. BORNTRON moved a vote of thanks to Dr. BURR, for his interesting report, which was carried.

The Secretary read the following case furnished by Dr. F. W. PAYNE:  
Oct. 26th, 1867, 2 P. M.—I was called to see Mrs. R., aged 21 years;

short in stature; muscular system well developed; in labor for first time; previously good health, with the exception of some suffering at each monthly period. At the fourth month of pregnancy was given a prescription by an Allopathic Physician for the purpose of producing abortion; was quite sick at that time and has not been so well since.

Found her near the close of the eighth month of pregnancy. She was suffering from irritation of vulva, rendering this region very sensitive to touch. Pulse short, quick and wiry. Had urinated freely; bowels in a normal condition. Labor had commenced, vertex presenting in the left occipito-iliac anterior position; plenty of pelvic capacity and labor advancing finely; expected a speedy delivery. At 8 P. M. during a forcible pain, was suddenly and fearfully convulsed; the head of child was now engaged in inferior strait and advancing with every pain; these convulsions continued, with very short intermissions, till she had had seven, when we concluded, having previously called my father in consultation, to extract the head of the child. This I was obliged to do with the blunt hook, as my patient between the paroxysms was unconscious and continually throwing and rolling herself from one side of the bed to the other; very restless and very strong, rendering the liability of injury to both mother and child imminent if the forceps were used. Notwithstanding the removal of the apparently exciting cause, the convulsions continued with the same, if not greater severity; several remedies were used without much, if any apparent benefit. She remained in much the same condition the whole time, with the exception that she had no convulsions from about 11 o'clock of each evening to 3 or 4 o'clock of the next morning, being apparently in a heavy sleep during these periods; rousing but once or twice, then calling for water and again relapsing into the same, heavy, soporuous condition. The convulsions began by opening the eyes, which were previously closed, and a convulsive movement in the sockets, drawing them upward and to the right side, and the head backward and to the same side; then followed a rigidity of the arms, stretching them above the head, with thumbs between the first and second fingers of the clenched fists; mouth drawn to right side; violent palpitation and fluttering of the heart; arrest of breathing; blueness of face; foaming at mouth; chewing of tongue, which was prevented by inserting a smoothed piece of pine wood between teeth; extension and stiffening of lower extremities, and a general trembling of the whole body. Each convulsion ceased in from five to six minutes, although at times she would have two or three immediately following each other. Between the paroxysms, she lay in a deep, heavy sleep, with stertorous breathing. After three days of unconsciousness, she recovered finely, the bad feelings in head rapidly disappearing; having had no convulsions after taking the first dose of *Veratrum vir.*  $\theta$ , one drop in one-half tumbler of water, a teaspoonful at first every half hour, afterwards at longer intervals.

Dr. PULSIFER has had two cases in his practice, one was controlled by *Bell.* 3d, the other was bled in his absence by an old school physician and died.

Dr. BELL thinks it quite probable that *Platina* would have prevented all trouble if given as soon as the *great sensitiveness of the vulva* was discovered.

The Secretary read the following case furnished by Dr. HALL: Mr. President and gentlemen.—Thinking the following case might present some points of interest, I have copied this report from notes taken at the bed-side. On March 20th, 9 P. M. was called to see Mrs. R., age 22. She was confined 16 days ago, at which time she gave birth to twins

after an easy and natural labor of about three hours duration. The following symptoms called for treatment: Severe pain in right hip which commenced this p. m. Right leg stiff and somewhat swollen throughout its whole extent, accompanied with feeling of numbness. Though there is much pain in the hip, she wants to move the leg constantly, which affords momentary relief. This, together with the feeling of stiffness, indicated *Rhus Tox.*, which I gave in the 3d potency.

March 21st.—Less pain, and it is felt more in the calf of the leg than the hip. All the symptoms of *Phlegmasia dolens* are present; leg swollen, hard, of a pearly white color, stiffness, &c. Continued *Rhus Tox.* in the 30th potency.

March 22d.—Better, no pain in the leg except she moves it. On account of the great aggravation from stretching the limb, and relief from drawing it up, the white swollen appearance of it, and peculiar soreness on the touch which I found under the remedy, I gave *Calc. carb.* 200. For several days the patient improved finely under the above dose of *Calc. carb.* During this time she received *Bell.* and *Merc.* in the 200 potency, for outside troubles, as headache and sore mouth. On the 30th, after some imprudence of the patient, the following symptoms appeared, which led me to suspect the disease was about to attack the other leg. Pain in the left hip, and stiffness of the leg; pain much aggravated from motion; thirst for large quantities of water, *Bryonia* 2d potency.

March 31st.—No doubt remains that the disease has full possession of the left leg. The *Bry.* has had little if any effect. The pain is very severe, especially in the upper part of the femoral vein, somewhat shifting in its character; patient has no thirst and cries often. These symptoms led me to prescribe *Puls.* which she commenced taking in 1st potency about 10 a. m. By 1 p. m. relief came, which was, however, temporary. Towards night the pain again became severe, and about 7 p. m. she commenced taking the 200th of *Puls.* By 9 o'clock she became easier, soon went to sleep, and passed a comfortable night.

April 1st.—Pain has disappeared but considerable fever is present; pulse 125; restless; thirsty; chilly on being touched, or if bed-clothes are moved; sweating, *Acon.* 1st.

April 3d.—Doing finely; soreness and pain mostly gone from left leg; the right or one first attacked has been well some days; empty gnawing place in stomach; urine scanty and passed often; deposits clay-like sediment. For these symptoms I gave *Septia* 30th.

April 5th.—Just one week ago to-day the left leg was attacked, and now all symptoms of the trouble are rapidly disappearing. The patient continued to improve rapidly, and on the 10th was discharged from treatment.

On reading this case the question might naturally occur, why I did not repeat *Cal. carb.* in the second attack, since I succeeded so well with it in the first. I prescribed throughout according to the symptoms that presented themselves, and these did not indicate its repetition. To a casual observation both attacks were similar, but a close examination discovered many differences. In another place it will be noticed that while the amelioration from the low potency of *Puls.* was but temporary, that from the high was permanent.

Dr. WILLIAMS read the following:—

March 23, 1867.—J. P. H., aged 40, dark complexion, black hair, heavy black beard, black eyes, bilious temperament; by trade a currier.

Antero-posterior curvature of the dorsal; left lateral curvature of the lumbar vertebrae;—two points of suppuration on the left side of the

spine, between the eleventh and twelfth dorsal, and first and second lumbar vertebrae, which had been punctured some months previous, and were now discharging a thin, ichorous matter, with occasionally small quantities of blood; can bear no weight upon the spinal column. Good deal of distension in the hepatic region, which is sensitive to pressure; sharp, or dull, aching pain, extending through the abdomen, and to the right hip; hard bloating of the abdomen; bowels torpid, never having an evacuation without aid of pills; sensitiveness and swelling of the right kidney; urine dark-red; mucus and red, sandy sediment firmly adhering to the sides of the chamber. Chills every day, from 10 to 11 o'clock, P. M., lasting two, sometimes three hours: consists of a general cold feeling, numb-coldness of the hands and feet, with blue nails, no thirst; followed by heat, of about the same duration, with slight thirst, and no sweat; sweats a little sometimes, when asleep; no appetite; bitter, acid, foul taste in the mouth; tongue thickly coated with dirty, yellow fur; dreads the approach of night, *as all the symptoms are so much worse*; cough, with expectoration of an opaque, white mucus, mostly in the morning, and with the chill; skin of the peculiar livid yellow hue, attending chronic, hepatic disease; patient much emaciated, but able to stand by having the trunk supported so as to relieve the spine, at the point of curvature, from all weight.

Here was a case of incurable, organic disease, which from its inception, fourteen months before, had been under (considered) skillful Allopathic treatment. As the patient could not tolerate opiates, the stomach rejecting everything of the kind, and under the latest prescription—Comp. Elixir Calisaya Bark—the chills had been greatly aggravated, Homœopathy was invoked to smooth the patient's exit to the higher life. His physician prognosed speedy dissolution "by Tuberculous Phthisis" Selecting *Merc. Sol.*, gave the 200th potency in solution every four hours.

March 30th. Some appetite; tongue very slightly coated at the base, and a fine line along the middle; stomach feels better; relishes the food; has slept more and feels rested in the morning; chills, the two preceding days, occur at about 4 o'clock, P. M., and with the following heat subside about 8 o'clock, after which rests well the remainder of the night.

Gave *Lyc.*<sup>200</sup> a powder morning and night, two days.

April 12th. No chill the last ten days; a consistent clay-colored stool every morning; no soreness or distension of the abdomen, or soreness in the region of the liver; some heat during the night, sweat toward morning; growing weakness, although eating with relish, and without trouble to the digestion. *Sach. Lac.*

April 19th. The two preceding days, severe shaking chill at 4 P. M., with slight thirst; nausea; much coughing, with expectoration of viscid, white mucus; great coldness of the hands and feet, followed by a correspondingly intensified fever, with hot head, heat and distension of the abdomen; relieved by cold water; tensive, drawing pain in the liver and bowels; respiration short, jerking, and rattling, as from mucus in the bronchi. *Lyc.*<sup>200</sup> in solution, every four hours.

The following day, slight chill at noon, with none of the preceding accompaniments. Now a doughy swelling of the feet, and but slight reaction from the prostration following the severe symptoms of the 17th and 18th; appetite less; action of bowels more irregular, but free from any pain, or annoying chill, until the morning of May 3d, when colliquative diarrhoea appeared, under which the patient soon sank. He took *Lyc.* every four or six hours from April 19th till the day of his death.

An autopsy revealed the following:

*Liver*, engorged, softened, black, with gall-bladder obliterated; extensive adhesions to surrounding parts; weight, six and three-fourths pounds; more the appearance and feel of a huge coagulum, than of an organized structure. *Right lung* infiltrated with mucus, the apex flattened and cells compressed; no appearance of tubercle. *Right kidney* slightly inflammatory; contents of *bowels* entirely devoid of bile. No other apparent abnormalities of the organs.

Gentlemen, is not this case one more point in evidence that the Homoeopathically indicated remedy is the best *palliative* in incurable organic lesions?

Dr. W. E. PAYNE thought that great good would result to the profession from clinical reports, provided the symptoms which led to the choice of the remedy in each and every case, were pointed out. By this course, and this only, could the real symptoms of drugs be ascertained, and our *Materia Medica* eventually purged of its spurious symptoms, or those which belonged to the morbid condition of the prover rather than the drug, and which have unavoidably crept in during the provings. In this way, only, could we obtain a pure and reliable *Mat. Med.* He thought that all so called "characteristics" indicated in any other way, might be regarded as unreliable, and needing the same clinical confirmation. He then gave a few notes on *Amm. Mur.*, pointing out the symptoms which governed in the selection of the remedy. He said some twenty years ago, he obtained remarkable results from the remedy in the 30th attenuation in a case of daily recurring, dry, rapid, suffocating cough, with inability to utter a single word during the paroxysm. The attacks always commenced *in the evening* at 6 o'clock, and continued from a half to one hour, and ended without expectoration; though *during the paroxysm there was a constant accumulation in the mouth of watery saliva.* The menses were suppressed.

He had previously given several remedies, which seemed to be more or less indicated, according to the similarity of the symptoms, but without any perceptible benefit. After the administration of the *Amm. Mur.* the cough immediately lost its spasmodic character, and in some four or five days ceased. Menstruation returned and continued normal.

In the proving of *Amm. Mur.*, as recorded by Hahnemann in *Chronic Diseases*, we find *violent cough in the evening when in bed, during which water comes into her mouth*—the same peculiarity which we find in the above case; and Hahnemann in his clinical notes puts down *violent cough* as one of the symptoms cured by *Amm. Mur.* He thought that the results in this case were a sufficient guaranty of the genuineness of the symptoms—"violent cough in the evening in bed, during which the mouth filled with water."

He had also used it successfully in several cases of *Pityriasis Capitis* (dandruff). In these cases, there was a very large accumulation of bran-like scales, with falling off of the hair, which had a deadened and lustreless appearance, with *great itching of the scalp.* He remembered several cases where the hair had largely fallen off, in which a new and luxuriant growth of glossy hair came out under the use of *Mur. Amm.*, and the scalp became smooth. In some cases he had failed, but was unable to give any practical distinction between the successful and unsuccessful cases. The *great itching of the scalp* was the symptom that led him to the choice of the remedy. He had usually employed the 3d Cent. trituration—one powder every night, in scalp affections.

He said *Amm. Mur.* would do good service in cases of sore throat (chronic), when there was present a dry, sore, or raw feeling about the

uvula and velum, and especially if there be a sore spot behind the soft palate, which is relieved or passed away for a short time by eating.

Dr. JAS. B. BELL, read the following:

There is a somewhat general impression among these who do not use the higher potencies, that excessive and particular care is necessary in prescribing them in order to insure success. One often hears a remark like this: "It is all very well to use high potencies, if you have plenty of time to get the exact remedy, but for general and off-hand prescribing, the lower are better; they cover more ground."

I did not intend to occupy your time at this meeting, but having been strongly reminded of the above expression, a few days since, I felt a desire to offer some rebutting testimony against this assertion; an assertion based upon supposition only.

I have hastily gathered, therefore, a few recent cases of purely off-hand prescription; the drugs and symptoms being familiar to all; and which I will report as briefly as possible.

1. Woman has a child four weeks old; has been under Allopathic treatment; abscess of the left breast; one has broken, another is rapidly forming. The breast is swollen very hard, red, tender, painful, aggravated from the slightest motion, from breathing deeply; thirst for large quantities of water; not very frequently. Bry. 200 in water. Next day, reported had a chill very soon after taking the medicine, and felt much worse for an hour; then began to improve, and to-day the breast is soft, and she is feeling very much better.

REMARKS. A case of aggravation more marked than is often seen. Bryonia is a great remedy for Mastitis, and is also prophylactic. My patients in childbed almost always take it, the 200th potency, from the 2d to the 4th day. The control over the flow of milk is beautiful. I have yet to have my first case of Mastitis among my own patients.

2. GASTRALGIA. Young woman "has a bunch in her stomach. Was in her throat first." Has to sit bent and near the stove. Cannot bear to step or move. Sick three days. Very thirsty for large quantity, seldom. Bry. 200.

Next day was well and went to work, bringing on a return of the pain, which was again cured by Bry. 200, and permanently.

3. PLEURITIS. Young lady suffering from chronic and incurable lung disease, but which has been greatly relieved during four months of Homœopathic treatment. Very sick now two days. Intense sticking pain in right chest. Constant tearing cough. Has not slept for two nights. Thirst for large quantities. Cannot bear to move or draw a deep breath. Begs for a little relief and sleep. Bry. 200. Father reported the next day, that if he had not known to the contrary, would have thought I gave her opium, from the relief and sleep which followed, and it was permanent.

4. ŒDEMA OF GENITALS. Boy, four years old, had Scarlet Fever five weeks ago. Been well since, but not allowed to go out. Sudden, pale, doughy swelling of genitals during last twelve hours, rapidly increasing. Urine can now hardly pass through the swollen prepuce. Apis 200. Swelling stopped at once, and was all gone in twenty-four hours.

5. CONVULSIONS. Little girl of ten months, had Scarlatina four weeks ago, and a good recovery. Has Otitis and Otorrhœa slightly. Had five spasms in the night, confined mostly to head and neck. Throws head violently backward, and beats it with her hands. Bell. 200. Had two more much slighter spasms, and has rapidly improved every way since.

6. NEURALGIA. Gentleman has just had an attack of Acute Rheumatism, an old enemy now rendered mild and brief by Rhus. 200. Has

now every day at 10 A. M. *dizziness gradually passing into violent megrim*, worst about 2 P. M. Feels well in the evening, and has another attack about 2 to 3 A. M. Aggravation from noise, jar, motion. Amelioration in the warm room, at rest. Nux V. <sup>200</sup>.

Next day the attack was lighter, and there was none in the night. The second day was well. A week afterward, a return was brought on by severe mental application. Nux <sup>2000</sup> cured it at once.

7. NEURALGIA. Gentleman much *exhausted by mental labor*. Had a dull headache, several weeks. Now has a severe pain over the right eye, coming on at 10 A. M., and reaching its worst at 2 to 3 P. M., then gradually diminishing. Agg. by lachrymation. Amel. by quiet. Ars. <sup>200</sup>. A careless prescription, followed by no relief. Nux V. <sup>200</sup>. Gave relief at once. The next day the attack was very light, and the next day none. Renewed mental labor produced a return, quickly removed by Nux <sup>2000</sup>, with a great improvement of the general condition and appearance, noted by all.

8. NEURALGIA. Milkman, suffered formerly for several years with violent pains in the eyes, but has been free since he was in the army. Has now a severe attack. Feels a return of former complaint. Pains violent in left eye, alternating with right. Begin in the morning, and "follow the sun." Spig. <sup>200</sup>. Next day no relief. Thinks the light on the new snow has much to do with it. Feels better in a dark room. Bell. <sup>200</sup>. No relief. Feels better the quieter he keeps. Moving the eyes aggravates. Bry. <sup>200</sup>. This gave some relief, and was better two days, then worse again. *The periodicity was marked. Was better in a warm room, and at rest, and lying down.* Nux <sup>200</sup>. "That medicine did the business," was the joyful report, and he has had no more trouble.

9. INCIPIENT TYPHOID FEVER. Young man, severe pain in left deltoid muscle, since morning. Acon. <sup>200</sup>.

*Second day.* Hardly slept at all. When he did, had *heavy, tiresome dreams of hard work and difficulty*. Some pain all over. Much thirst and high fever. Stupid and dozy. For the sake of observing it, gave Gels. 30. one dose, which produced profuse perspiration, as it always does, with, in this case, but temporary relief.

*Third day.* Same symptoms worse. Delirious, night. Waking and sleeping, *dreams of hard work and difficulty*. Pains severe, with tenderness of the soft parts. *Has to move often*. Thirst and fever same. Pulse, 120. *Desire for cold milk.* Rhus. <sup>200</sup>. 4th and 5th days, no change, but no worse. 6th day, after free perspiration, fever and pain all gone.

10. OTALGIA. Lady, waked *early in the morning*, with violent earache, increasing rapidly; fretful. Aggravation, from noise. Amelioration, by *external heat*. Nux <sup>2000</sup> gave almost immediate relief. One dose on the tongue was sufficient.

11. METEORISM. A gentleman who has not been well for several weeks, has been for several days uncomfortably *distended with flatulence*, abdomen much enlarged, and *the least quantity of food seems to fill him full*. Lyc. <sup>200</sup>. Next day reported abdomen reduced nine inches, and feeling well.

12. *After riding against a sharp wind*, with less protection for the throat than usual, I awoke about 3 A. M., with a violent pain at the left of the larynx, as though a thumb were being pressed forcibly in there. Aggravated by empty swallowing. Ameliorated by drinking water. From the unusual severity of the symptoms, I expected a bad attack of

Tonsillitis, to which I am subject; but I resolved to make myself a martyr to one of the highest potencies. I took a few pellets of Lach. 41<sup>m</sup>, and lay down. Within ten seconds, a gentle, soothing influence was felt at the seat of pain. In five minutes I fell asleep, and in the morning was well.

13. DIPHTHERITIC SCARLATINA. Young man sick twenty-four hours. Much prostrated. Throat exceedingly sore. Makes a very wry face when swallowing, or protruding the tongue. *Pain extends to both ears.* True membrane on both tonsils, inner surface. Aggravated from empty swallowing. Ameliorated from *swallowing warm food*. Much spitting of stringy mucus. Kali. b. <sup>200</sup>. In twelve hours no relief. Lach. <sup>200</sup>. Much relief in twelve hours, and continued rapid improvement. The eruption came out thickly the third day, and the convalescence was rapid.

REMARKS. Kali. b. was wrongly given on account of the pain on protruding the tongue, and the profuse, stringy mucus. The Lach. symptoms predominate, but not so prominently as to prevent a little confusion. Would a yellow solution of Potas. Bichrom. have removed the confusion? If it would, it has gained new powers since I used it.

14. NEURALGIA. Young married lady. Intense pain in eyes and whole head for two days. Worst over the left eye. Aggravated in the forenoon, *from stooping*. Better *while eating*, lying down, *after sleeping*. After a little sleep, would wake perfectly free from pain. Phos. <sup>2000</sup>. One dose dry. There was immediate improvement. Felt so well, took too much exercise, causing a return in the afternoon, which soon passed off, however, by resting without repeating the dose. The next day there was some pain, but not severe, and the next day she was well.

15. ACUTE RHEUMATISM. Young man has had two attacks of Rheumatic Fever. Last one, three years ago, continued several months, and affected the heart. Was only able to go about on crutches for a long while. Has now pain and lameness in both knees, in back and hips. Aggravated *at night by rest*, is constantly in motion, tossing about the bed. Thirst for moderate quantity often. Action of heart forcible, and slight pericardiac murmur. Thinks he is entering upon a long and severe attack, and desires to test the efficacy of Homœopathic treatment upon it. Rhus. <sup>200</sup>.

Three days later, is no worse. Leg and back better. Right wrist and chest affected, threatening the heart in the same manner as before. Rhus. <sup>2000</sup>.

Four days later, much better, and is now convalescing.

16. Young married lady has a child, a week old. Has a *violent pain in the breast, extending through to the back when nursing*. Croc. tig. <sup>200</sup>. The pain was very soon removed. Returned again in a week, and was permanently removed by a repetition of Croc. <sup>200</sup>.

17. COUGH. Boy, three years old, grandson of an Allopathic physician, and father greatly opposed to Homœopathy. Had a dry cough three weeks, under old treatment. Cough dry, violent, spasmodic. Aggravated *at night, on lying down*. Hyos. <sup>200</sup>. Was cured in forty-eight hours. Medicine has had to be repeated several times during a month, on account of renewed colds. Father surprised and delighted.

18. ALBUMINURIA AND DROPSY. Girl, four years old, had Scarlatina severely, three weeks ago, but made a good recovery. Has been much bloated several days. General Anasarca and Ascites. Urine greenish, scanty. Loaded with albumen. *Much thirst, drinking often, and much at a time*. Precluding Ars. or Apis. Gave Terebinth <sup>200</sup>. Next day,

no change. Second day, abdomen reduced three-quarter inches. Progressive and rapid reduction of Dropsy and Albumen, all completed in about nine days.

19. OTORRHOEA. Boy of four years, recovering from Scarlatina, after having been given up by attending Allopathic physician. Profuse Otorrhœa, both ears, with some pain. Puls. <sup>200</sup> removed the pain, but after five days, no change in discharge, which is *thin, fetid, excoriating*. Tellurium <sup>30</sup> produced rapid improvement, removing the Otorrhœa in six days, and resulting deafness in ten.

20. CONSTIPATION. Girl, sixteen months, constitutionally weak. Costive from birth. Has no operation without purgatives. Injections have no effect. Has at times been ten days without stool. Preparatory to thorough study of the case for constitutional treatment, gave Opium <sup>200</sup>. A week later, had had two natural stools, and was much brighter and stronger.

21. ACUTE CONJUNCTIVITIS. Married lady, fifty years, eyes inflamed several days. Left one worse. Suffered intense pain for twenty-four hours. As though a foreign body as large as a pea were under the upper lid. Aggravated *from bathing the eye in hot water*. Ameliorated in a cool room. Puls. <sup>200</sup> gave rapid and permanent relief.

22. METRORRHAGIA. A lady has been suffering several months with too frequent and profuse menstruation. Now has *severe pain from back through to pubis*. Flow, red, clotted, profuse. Sabina <sup>200</sup> soon relieved her, and she has been well ever since, now some six weeks.

23. ACUTE TONSILITIS. A lady has been watching with persons sick with Diphtheria. Sick twenty-four hours. Both tonsils inflamed, high fever, much thirst, and *very restless, with anxiety*. Acon. <sup>200</sup> 6 P. M. Perspired profusely that night, and was soon well.

24. Little girl of eight years, sick all last summer, under care of one of our best Allopathic physicians, and several times nearly despaired of. Has not yet recovered her hair. Is now seized in the same way as last summer, and the parents feel greatly depressed at the prospect. Fever, debility, coated tongue, *cries all night, with pains in the feet and legs, only relieved by bathing with cold water*. Puls. <sup>200</sup>. Was relieved very soon, and discharged in three days.

These pains were the prominent and persistent symptoms in the last summer's illness.

25. DEBILITY. Girl, eleven years old, only child of anxious parents. Has seemed for some time to be pining without visible disease. Listless, weak, no appetite. Severe pains in the legs at night, only relieved by *dry rubbing* with the mother's hand. Natr. Carb. <sup>200</sup> soon removed the pain, and improved the general condition. She looks better now (several weeks since the prescription), than for a long time before.

I will not trespass further upon your time. The witnesses whose testimony you have heard, are only representative examples of a large number ready to substantiate the same point, viz: that the high potencies give pleasing success in every day and off-hand prescriptions. But there are enough to establish the fact in any court of justice. The cases have been selected only with a view to variety and brevity.

On balloting for officers, the following were elected for the ensuing year:

President, Dr. N. G. H. Pulsifer; Vice-Presidents, Drs. C. A. Cochran, and R. R. Williams; Treasurer, Dr. F. W. Payne; Secretary, Dr. J. S. Hall.

Adjourned at 1 A. M., to meet at Lewiston, July 14th.

T H E

# HAHNEMANNIAN MONTHLY.

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## THE "KEY-NOTE" SYSTEM.

Read before the Philadelphia County Medical Society.

BY HENRY N. GUERNSKY, M. D.

IN view of the fact that numerous inquiries have been made of me regarding the principle of Homœopathic practice attempted to be expressed in the term "Key-note system," and as much attention has been attracted to the subject, recently, in Journals and otherwise, I have deemed it eminently proper to place before the members of our Society, a correct exposition, as far as I am able to make it, of the scope and utility of the method expressed by that term, as a part of practical Homœopathy.

The term "key-note" is not to be regarded as in itself definitive, nor did I, in first using it, wish or intend it to be taken as a piece of scientific nomenclature. It occurred to me as being in a very great degree expressive of a fact in medicine, and as such alone is it to be accepted. The term "key-note" is therefore *suggestive*, and merely provisional; to be continued in use only until its scientific successor is duly chosen and qualified by general acceptance.

But while it is true that the term is nothing more than an illustration, an analogue and a hint, its immense significance is not thereby diminished. It is still the expression of a fact, a truth, central and fundamental; the know-

ledge of which, in Homœopathic theory and practice, is necessary to the full and complete comprehension and the most extended use of the law of the similars.

The key-note, in music, is defined to be "the fundamental note or tone to which the whole piece is accommodated;" and the key-note of music finds, by analogy—through which things most remote and unlike superficially are connected in the closest relationship—its likeness everywhere. The key-note of Religion is God's existence. By it every one of the innumerable theologic tones, however apparently discordant, are harmonized. Gravitation is the key-note of the order that governs the myriad spheres that plough their way through space. Progress is the key-note to which the wonderful political, social and industrial movements of the day are attuned. The key-note of the Church—is faith; of the true household—love.

Thus has been given suggestively, and perhaps with sufficient clearness, the meaning, force and true application of the term as I have used it in medicine, and with the feeling that suggestion is often more lucid than direct expression, I hesitate to give a more exact definition.

When a man tells us he is "out of tune," or when a medical author speaks of the depressed or improved "tone," or want of "tone" of the system, we scarcely require an explanation of the meaning of the terms thus used, and more is conveyed to our minds, perhaps, than could be made clear by a laborious attempt to express in other words the same thing. It is thus with the term "key-note." It is intended to be expressive of a truth that could not be expressed in any shorter or more compact sentence; and as conveying or rather suggesting to the mind the whole truth itself.

A casual observer, viewing the fair field of our *Materia Medica*, would say that the flowers are all alike; so similar and so common as to be utterly valueless; and, indeed, without the principle involved in the term I have used, this would appear to be the truth. In *Materia Medica* and

in Pathology we have before us, vast heaps of apparently inharmonious, confused and unrelated facts, and these continually accumulating, with the prospect that the higher faculties—upon the unincumbered and vigorous action of which depends all real achievement—would eventually become hopelessly bewildered, were it not that the guiding principle, the one fundamental characterizing power, the *key-note*, in fact, is struck, and every tone and feature and expression is attuned to it and by it, modulated and harmonized.

The "key-note system" is not only applicable to the array of symptoms constituting the pathogenesis of our *Materia Medica*, but as well to the array of symptoms and conditions constituting disease. In Pathology, the term pathognomonic symptom is intended to express, in very many instances, what might be termed the key-note of a given disease, and yet while this is true so far as it goes, it does not go far enough to cover the whole ground; to embrace the whole category of diseases; or to mark the distinctive features that characterize one case of the same disease from another. Now the Homœopathic Physician does not profess to treat disease, *per se*; but rather patients; and thus from the very nature of things, even the erudite generalizing of the Allopathic School cannot be received by us.

Although the chief features of a disease are present and similar in all persons attacked by the malady, and even those symptoms which perhaps have furnished it with its name, yet we must all confess that we are able to detect some sign or symptom, some all-pervading condition, some characterizing circumstance that gives that case its individuality, and causes it to differ, if ever so slightly, from all other cases. Thus we may be said to have first—the expressions that evidence disease; then the special markings that distinguish classes and orders; the conditions or symptoms by which each class or order is subdivided and each subdivision furnished with a specific name; and finally, the

*characteristic* features which serve to distinguish each case of the same disease from all other cases: as in the human family we find first the broad and ever-present features of the race; then the distinctive marks of nationality; then the peculiarities of family; and lastly, the lineaments, deeply or faintly traced, which characterize the individual.

This, now, is what we would call the key-note system, as carried into the study of disease. It is *comparative* Pathology in its most extended sense. You are, perhaps, ready to tell me that this is nothing new. I am well aware of it. Hahnemann laid it down as distinctly as it was possible to give utterance to truth, and while it is not true simply because Hahnemann gave utterance to it, *it is true* because the experience of thousands of Homœopathists have confirmed it as the true system of diagnosis; the truly practical method of distinguishing between one case and another, or in other words, of *individualizing*. Alas, that it should be so often lost sight of in the fascinating whirlpool of generalization.

Let us now turn to the store-house from whence is to be drawn the agencies that are to prove curative for these multifarious forms of disease, and see how the "key-note system" is to be applied there and with what effect.

From the "provings" of Aconite; from its numerous toxicological effects; and from the revelations of its scope furnished us by its use in disease, a vast tissue of symptoms might be accumulated, that it is not exaggeration to say would fill a large volume; and to these we might add the results of new provings, on different individuals, *ad infinitum*. How very many of these symptoms are very similar to, or apparently identical with, those produced through the provings of other drugs? Truly the flowers appear all alike. Yet there is *something* within that pathogenesis, *indicative of Aconite alone*; embodying in expression its one characteristic, unfailling, predominant effect, which makes it to differ from all other drugs, and which persuades all its other effects with more or less predominance. This

symptom or condition, these symptoms or conditions form the key-note or key-notes of Aconite as a medicine, and furnishes the key to its indication in disease. Thus, in instituting comparisons between medicines, by taking all the symptoms and comparing them carefully, we will find that each one presents, besides the fundamental *similarity* to all the others, peculiar *differences from* all the others; and these invariable points of peculiar difference are the "key-notes" in a comparison of such remedies.

Here, then, we have the characteristic peculiarity in the disease that individualizes that case, and we are enabled to call up from the store-house of the *Materia Medica* and place in apposition with it that medicine which possesses in its pathogenesis a corresponding similar characteristic, peculiarity or "key-note," and which will prove to be the curative agent for that case of disease.

It is charged against the key-note system that it is in conflict with the doctrine that teaches the necessity of meeting the totality of the symptoms, or in other words, the doctrine of true Homœopathy. This is by no means true. It is claimed,—not that the key-note in the case is to be alone met by the key-note of the remedy; nor that the whole case is to be met by the key-note alone,—but simply that the predominant symptom or condition of the case that individualizes it and constitutes its key-note, suggests to the mind a medicine having a corresponding predominant symptom, condition or key-note, and that if there has been no error committed either in viewing the key-note of the disease, or of subsequently selecting just that remedy having the corresponding feature, there will then be found in the pages of a *symptomen codex*, under the heading of that particular remedy, the remaining features, symptoms and conditions of the patient, or in other words the "totality." Thus the "key-note" as before explained, is simply suggestive; suggesting by the shortest, surest and most practical method, a remedy; separating and isolating it from all other medicines as having, first: the char-

acteristic symptom or condition or "key-note" in a marked degree; secondly, and consequently, the remaining symptoms or conditions; these constituting together the *totality* of the case. As a medical friend expresses it in a recent letter, "the key-note gives us the pitch of the tune, *but it is not the tune.*"

After all, it is in this way that true Homoeopaths have ever prescribed. It is not the totality that biases the mind, so to speak, or directs the attention to a certain remedy. It is always something peculiar in the case, some prominent feature, or marked symptom that directs to a certain drug, and the totality afterwards confirms or disapproves the choice. I again repeat, therefore, that the "key-note system" does not in any way interfere with the doctrine of "the totality:" it insists, on the contrary, upon the essentiality of that doctrine, and is the guide to its being properly and practically carried out.

In my recent work on Obstetrics, &c.; I have endeavored to carry out this key-note system to a practical determination, so far as my, at present, limited knowledge has permitted. I have not attempted to set down under the head of each remedy in each disease, the catalogue of symptoms that *might be present*, but to give the characteristic peculiarities or key-notes of the remedies—such only as had been, in my experience and that of others, "tried, proved and chosen,"—so that the mind might be directed at once in the true direction, the choice to be confirmed by the totality of the symptoms; so that the *true key-note* being struck all the other tones would be harmonized with it. It is in this way that I desire to be understood, and those gentlemen who have done me the honor to review my book will bear in mind that this is the true interpretation of the plan I have set forth; and if they will give it their attention, and carefully and conscientiously experiment at every fitting opportunity, they will, ere long, be ready to say yea! and amen! to all I have written on the subject.

A few examples, by way of illustration, may not at this juncture, be misplaced.

Being called in consultation recently, in a case of dysmenorrhœa, where a great variety of symptoms presented themselves, I was much struck with the *devout, beseeching, earnest and ceaseless talking* of the patient, and at once suggested to the attending Physician the exhibition of *Strammonium*. Upon comparing symptoms he replied that all her symptoms were not under the head of that remedy, but agreed to the use of Stram., as he could suggest nothing else, adding that if it cured her, "he would cease to believe in the doctrine of totality." I replied that Stram. was undoubtedly the remedy, and if it were properly proven and on every variety of temperament and condition, *all* of her symptoms would be found in the record of its pathogenesis. Strammonium 2° was given and it quieted her at once, and all her other symptoms speedily vanished, *inversely* as they had appeared. Her peculiar talking was the last symptom to manifest itself and the first to disappear, and when present in disease in either sex is a key-note to *Strammonium*.

In cases of hemorrhage, where the blood forms itself into a resemblance to long black strings hanging from the bleeding orifice, *Crocus* will be the remedy; not for the hemorrhage alone, but for the whole chain of symptoms presented by the patient. The hemorrhage being last to appear will be the first to be removed, and by not now interfering with the curative action in progress, giving no other medicine, and allowing a sufficient time for the action of the dose, the remaining symptoms, constituting the whole condition that has led up to the hemorrhage with its characteristic peculiarity, will be dissipated, *inversely* as they have appeared.

When, in colicky children, an appearance of red sand is discerned in the diaper, we know that *Lycopodium* is indicated. By the action of that remedy the whole disordered condition of the little one will be removed; the whole chain of disordered action that culminated in this pheno-

mens of the urine. The urine indicates *Lycopodium*; is the key-note in the case for that remedy, and the balance of the little patient's symptoms will be found under it and be removed by it.

I am permitted to refer to the following case, extracted from one of the numerous letters sent me on this subject. In a case of typhoid fever; the last and worst of a malignant epidemic, where the disease had resisted the action of all the medicines given, and the attending and consulting physicians despaired of saving the boy,—a previously healthy, robust lad of sixteen years,—he was restored to his former rugged condition through the action of a remedy suggested solely by a "key-note" symptom. My friend writes, "as I went to his bedside one evening, I noticed a peculiar convulsive movement of the head, such as I had not before noticed in this or any other case, viz.; *the head jerked itself clear of the pillow and then fell immediately back; this being constantly repeated.* I at once recalled your key-note for *Stramonium*. I went to my office and on comparing the symptoms of the case with the symptomatology of that remedy I was struck with the wonderful correspondence. I then gave repeated doses of the 3d dilution, acting on my colleagues advice, but in twenty-four hours saw no improvement. The 30th was then given with no favorable result. I then gave a single dose of Stram., 2<sup>c</sup> at night and was delighted to see a smile on the face of the anxious mother when I called next morning; 'Henry became quiet,' she said, 'very soon after taking the medicine, and has for the first time slept quietly.' His convalescence was steady from this period. I gave no other medicine for ten or twelve days. *Stramonium* saved him, and your 'key-note' given me in the class, was my only guide to it."

The few examples thus cited are sufficient to point out the practical workings of the key-note system. Through it alone, I hold, can the art of prescribing Homœopathically be simplified and rendered exact. By it Stapp was enabled to prescribe correctly, in the presence of an ex-

pectant and admiring class, without asking a question, for the objective key-note, revealed in the countenance of the patient, gave him full knowledge that under *Cantharis* the whole condition and symptoms would be found; and by it hosts of Homœopathic physicians since his day have been safely and quickly guided to the truly-healing medium that might have been missed if sought through more complicated channels. The force and truth of Hahnemann's idea that the symptoms of disease are cured inversely as they appear, is beautifully demonstrated if viewed from the stand-point of the key-note system. Through this system the complex and difficult text of the *Materia Medica* is rendered pure and clear, and every shadow uplifted from its pages; by it Pathology—the servant of Homœopathy—is brought into fullest and most vigorous usefulness, and Diagnosis made exact and availing. As in the hands of an Agassiz or a Leidy, a few bones or teeth, or the scale of a fish, are sufficient to unfold a whole chapter in the book of natural history, so in Homœopathic practice, by the characteristic key-note emphasized by the patient, the practitioner is enabled to individualize his case and draw to his aid, thus revealed, the corresponding similar remedy having the totality of the case, and able, *ceteris paribus*, to cure it.

I have thus attempted to demonstrate the meaning, truth and utility of the "key-note system." Without any attempt at fine writing or display I have endeavored, in moments of leisure stolen from hours of toil, to set forth with clearness and exactness what I believe to be, not a new doctrine, but a true one in Homœopathy; and if, by reason of this paper or the discussion that may follow it, or any inquiry that may be set on foot through its publication, we may be led still farther into what I conceive to be a true path to the correct system of Homœopathic therapeutics, I shall feel myself amply rewarded.

## PROVING OF CUPRI ARSENITUM.

(Conclusion.)

## SUMMARY.

THE following are the provings made by myself and others; the symptoms obtained from cases of poisoning and the symptoms of Noack and Trinks, arranged according to the usual *Schema*. Symptoms appearing in groups have been registered in the order of their occurrence.

Where a single symptom has been taken from its group, and placed under its appropriate heading, reference is made to the group to which it belongs, by placing after it, *within brackets*, the initial letter of the heading under which that group will be found, as:

(W. B.) *Whole Body*; (St.) *Stomach*; (H.) *Head*, &c.

*Abbreviations of the names of Provers, &c.*

W. James Blakely, M. D.	Bl.
R. C. Smedley, M. D.	S.
C. W. Boyce, M. D.	B.
Geo. S. Foster, M. D.	F.
Mr. L.	L.
Noack and Trinks.	N. & T.
Toxicological.	T.

Letters, *not in brackets*, attached to symptoms, are the initial letters of the names of provers.

Numerals, attached to symptoms, indicate the potency under which that symptom appeared.

The *time*, attached to symptoms, *e. g.* (a. 2. h.) means that the symptom thus designated appeared two hours after the last dose was taken.

An asterisk (\*) denotes verified pathogenetic symptoms.

° Attached to curative symptoms.

v. Symptoms verified by the same prover.

vv. Verified by several provers.

Potencies used in the proving: (2.) (3.) (6.) (9.) (10.) (11.) (12.) (30.)

### MIND AND SENSORIUM.

- . Confusion of ideas. (12.) vv. (a. 35. m.) (H.) Bl.
- . Partial confusion of the senses. N. & T.
- . Intense anguish. N. & T.
- . Irritable and peevish. F. (2.) (Hep.)
- 5. Very restless; nervous (or rather nerveless.) F. (2.)
- . Vertigo, confusion of ideas, and \*headache *between the temples*. Bl. v. (a. 35. m.) (12.)
- . Dulness and confusion of the head. Bl.
- . Immediately after taking the fourth dose, experienced a fulness in the head, the brain seemed to expand and to press against the frontal bone. Bl. (10.)
- . After reading an hour, experienced a distensive and rolling sensation in the brain, felt as if I might fall forward; these sensations passed off while walking in the open air and talking. S. (12.)
- 10. Sensation as of gentle rotary motion in the brain after studying. v. S. (3.)
- . Slight reeling sensation in the brain after studying. S. (6.)
- . Vertigo. vv. N. & T.
- . Intoxication. N. & T.
- . General feeling of dulness in the head. F. (2.) (Hep.)
- 15. Dizziness. vv. F. (2.) (Hep.)
- . Fulness of the head. v. F. (2.)

### HEAD.

- . Headache becomes very severe, spreads over the entire forehead, and finally settles in the right side of the forehead and over the temporal bone, and becomes dull and throbbing. Bl. (a. 45. m.) (12.)

- . Headache is very severe all the evening, and the bones of the face very sore. Bl. (12.)
- . The headache which had disappeared during rest, (sitting) re-appeared very severely while walking up and down the room, and again subsided during rest; several repetitions produced the same aggravation and amelioration. Bl. (12.)
- 20. Dull soreness in the right occipital bone, aggravated by pressure. Bl. (12.)
  - . The headache which had again subsided, re-appeared in consequence of walking up-stairs. Bl. (12.)
  - . He could not sleep until 2 A. M., the headache continuing very severe. Bl. (12.) (a. 2 $\frac{1}{4}$  h.)
  - . In the morning after awaking the head felt dull, and sore as if it had been beaten. Bl. (12.)
  - . \*Headache between the temples; v. The pain seems to meet in the centre of the forehead, and thence to pass down the nose. Bl. (12.)
- 25. Severe, dull pain in both temples. Bl. (12.) (a. 27 $\frac{1}{2}$  h.)
  - . *Very severe* headache all over the forehead, but especially in both temples. v. Bl. (12.) (a. 28. h.)
  - . Awoke with the same dulness of the head as on the previous morning. v. Bl. (12.)
  - . Dull, heavy pain in the head the entire evening. Bl. (12.)
  - . Headache very severe, with dull pain in the forehead with soreness of the orbital bones, after retiring to rest. Bl. (12.) (a. 5. h.)
- 30. Dull headache all the forenoon. Bl. (12.)
  - . Soreness of the right temple when pressed against the pillow. Bl. (12.) (a. 29. h.)
  - . Dulness of the head, with pain worse in the left temple. Bl. (11.) (a.  $\frac{1}{2}$  h.)
  - . Throbbing pain in the right temple. Bl. (11.) (a. 2. h.)
  - . Soreness of the bones of the left side of the head and face. Bl. (11.) (a. 2. 40.)
- 35. Dull pain in the forehead. Bl. (11.) (a. 8 $\frac{1}{2}$  h.)

- . On awaking he had the same dull headache as on the previous night. v. Bl. (11.)
- . General dull headache. Bl. (11.)
- . Dull pain over the entire forehead, but most severe in the right temple. v. Bl. (10.)
- . Sharp pain in the temples, worse in the left. vv. S. (8.)
- 40. Headache. B. (30.)
- . Headache. vv. T.
- . Headache. Dulness of the head. vv. N. & T.
- . Hot forehead. N. & T.
- . °Headache, particularly in the forehead, but the entire head feels as if bruised. (W. B.)
- 45. Dull, heavy aching in the back part of the head. F. (2.)
- . Slight, darting pains in the temples. Itching of scalp at night. F. (2.)

#### ORBITS AND EYES.

- . Persistent boring pain in a small spot above the left superior orbital arch, with soreness of the arch when touched. Bl. (12.) (a. 31. h.)
- . Severe, sharp pain in the superior arch of the right orbital bone. Bl. (12.)
- . Soreness of the left orbital bones, and of the left side of the nose. Bl. (12.) (a. 55. m.)
- 50. Inflammation of the eyes. T. (W. B.)
- . Dimness of the eyes and profuse lachrymation. N. & T.
- . Sensitiveness of the eyes. N. & T.
- . Sparks before the eyes. N. & T.
- . Dark specks before the eyes. F. (2.) (Hep.)
- 55. Black specks before the eyes. F. (2.)

#### EARS.

- . Dull soreness in the right internal ear. Bl. (12.) (a. 1. h.)
- . Frequently there is a dull, rather severe pain in the right internal meatus. Bl. (12.)
- . Boring pain in the right ear. S. (3.) (W. B.)

## NOSE.

- . The bones of the nose are very sore, especially when pressure is made upon them. Bl. (12.) (a. 25 $\frac{1}{4}$  h.)
- 60. Soreness of the left side of the nose. Bl. (11.) (a. 55. m.) (O. & E.)
- . Irritation of, and watery discharge from, the nose. T. (W. B.)
- . Irritability of, with discharge of fluid from, the mucous membrane of the nose, with abundant salivation. T.

## FACE.

- . Soreness of the bones of the face. Bl. (12.) (H.)
- . Soreness of the bones of the right side of the face. Bl. (12.) (H.)
- 65. Soreness of the bones of the left side of the head and face. Bl. (11.) (a. 2. 40.)
- . Paleness of the face. T. (W. B.)
- . Oedema of the face. T.
- . Pale face. N. & T.
- . Wild expression of countenance. N. & T.
- 70. Itching in the beard. S. (3.)
- . Twitching and jerking of the facial muscles of the left side, between the eye and the corner of the mouth, which was very violent. F. (2.)

## MOUTH, LIPS AND TONGUE.

- . The mouth and throat were stained a deep-green color. T.
- . Swelling of the lips. T. (W. B.)
- . Thin coating of white mucus on the tongue. N. & T.
- 75. Tongue heavily coated brownish white. F. (2.) (Hep.)
- . Tongue much coated. F. (2.)
- . Tongue coated white. vv. F. (2.)
- . Peculiar tremulousness and coolness of the tongue. F. (2.)
- . White coating on the tongue. F. (2.)

80. The back part of the tongue is very thickly coated.  
F. (2.)

#### JAWS AND TEETH.

- . Shooting pain in the upper molars of the left side, extending upward into the superior maxillary bone. v. Bl. (12.)
- . Intermittent and throbbing pain in the right half of the inferior maxillary bone. Bl. (12.) (a. 1. h.)
- . Twitches of pain in the right upper posterior, and left lower posterior molars, more protracted in the former but more acute in the latter. S. (3.)

#### THROAT.

- . \*Burning sensation in the throat. T. (Ab.)
85. °Tonsilitis; \*burning in the throat; °soreness of the glands of the neck, with stiffness of the neck; moving the head aggravates the pain in the neck.  
(W.B.)

#### TASTE AND APPETITE.

- . Metallic taste in the mouth. S. (12.)
  - . Metallic taste. vv. F. (2.)
  - . Nausea on awaking, with bitter taste. S. (3.)
  - . No desire for warm food, cold is better relished. S. (3.) (F.)
90. No appetite. F. (2.) (Hep.)

#### GASTRIC DERANGEMENTS AND STOMACH.

- . Nausea in the evening with lameness of the back. S. (3.)
  - . Nausea on awaking, with bitter taste. S. (3.)
  - . Nausea and lameness of the back continue. S. (3.)
  - . Slight nausea and a little unsteadiness of the head, particularly after studying. S. (6.)
95. Frequent vomiting and purging. T. (Ab.)
- . Vomiting of a liquid containing green-colored particles of the Arsenite. T. (W.B.)

- . Incessant vomiting of a light-green colored liquid, resembling bile diluted with water. T.
- . Violent vomiting. T.
- . Loathing. N. & T.
- 100. Nausea. N. & T.
  - . Violent vomiting and purging. N. & T.
  - . Vomiting of mucus tinged with bile. N. & T.
  - . \*Nausea with headache between the temples.
  - . °Nausea with burning pain in the stomach and bowels.
- 105. Much eructation of wind. F. (2.)
  - . Bad breath. F. (2.)
  - . Empty, vacant feeling in the stomach. Bl. (12.) (a. 35. m.) (Ht.)
  - . \*Burning in the stomach. Bl. (12.) (a. 1½. h.) (Ab.)
  - . The stomach is sore as if it had been bruised. Bl. (12.)
- 110. Cutting pain in the stomach while eating. S. (12.)
  - . Great sensitiveness of the epigastric region to the least touch. N. & T.
  - . °Cramps in the stomach and bowels, followed by tonsillitis. (W.B.)

#### HEPATIC SYMPTOMS.

- . Tongue heavily coated brownish-white; feel irritable and peevish; constipation; dark spots before the eyes; dizziness; dull, heavy aching in the back part of the head; general feeling of dulness in the head; debility; no appetite. F. (2.)
- . Jaundice. vv. T.

#### ABDOMEN AND STOOL.

- 115. Pains in the abdomen simulating those of flatulent colic. Bl. (12.)
  - . Pains in the abdomen, sharp and cutting, which afterwards subside into a dull soreness, followed

- by an unpleasant warmth in the abdomen and a severe burning in the stomach. Bl. (12.) (a.  $1\frac{1}{2}$  h.)
- . There has been a constant unpleasant warmth in the abdomen since taking the medicine, and which sometimes becomes a severe burning. Bl. (12.) (a.  $25\frac{1}{2}$  h.)
  - . Violent colic; frequent vomiting, with purging; cold sweats; intense thirst, and retraction of the parietes of the abdomen. T.
  - . Paleness of the face, with pain in the abdomen. T. (W. B.)
120. Violent vomiting; severe pains in the stomach and bowels, with spasms in the extremities. T.
- . Colicky pains; headache and prostration of strength. T.
  - . Great distension of the abdomen. N. & T.
  - . Hard abdomen. N. & T.
  - . Violent pains in the abdomen. N. & T.
125. Colic, which increases after eating or drinking. N. & T.
- . Severe pain in the abdomen, with thirst, and a burning sensation in the throat, with constant vomiting. T.
  - . Rumbling in the bowels; sharp, quick pains in the lower bowels. F. (2.)
  - . Natural stool, *after* which he had severe dull pains of a griping character, with a slight burning in the abdomen. Bl. (12.) (a.  $19\frac{1}{2}$  h.)
  - . Diarrhoea; Slimy stool. N. & T.
130. Constipation. F. (2.) (Hep.)
- . Constant severe purging. vv. T.

#### URINARY ORGANS.

- . In the afternoon the urine had a strong odor like that of garlic. S. (6.)
- . The urine has a slight odor of garlic. v. S. (3.)

## GENITAL ORGANS.

- . A gonorrhoea, of which he supposed himself cured, (and from which he had been entirely free for six months) returned with the following symptoms:
- 135. Dark-red urine; burning pain at the orifice of the urethra, during and after urinating; white purulent discharge from the urethra; soreness of the penis, with pain in the prostate gland; redness of the lips of the urethra, with tingling and burning; agglutination of the lips of the urethra.
- 140. Perspiration of the scrotum, which is constantly moist and damp; soreness of the under surface of the penis when pressed. L. (12.)
- . Boils frequently forming in the scrotum. T.

## CHEST.

- . Soreness of a small spot on the left scapula, extending into the left lung, followed by a dull, sticking pain in the left chest, between the sixth and seventh ribs, somewhat aggravated by deep inspirations, with a weak, numb feeling in the left chest, left side of the back and left shoulder and arm. Bl. (12.) (a. 15. m.)
- . Dull soreness in the right side of the chest, with dull pains in the back. Bl. (11.) (a. 2½. h.)
- 145. Headache with pain in the chest. T.
- . Oppressed feeling about the chest during the past few days; it feels as if it were constricted. F. (2.)
- . Pains in the chest and back *aggravated by deep inspirations.* vv.

## HEART.

- . Sudden debility, with dull pain in the heart, and sensation of oppression around that organ; the left chest feels too small; he takes long involuntary inspirations; there is an empty, vacant feel-

ing in the stomach, with vertigo, confusion of ideas, and headache between the temples. Bl. (12.) (a. 35. m.)

- . °Palpitation of the heart, with trembling of the limbs. (W. B.)

#### BACK.

150. \*Lameness of the back. S. (3.) (St.)
- . Stiff, lame feeling in the back which was better until after moving about, and returned after sitting awhile. S. (3.)
  - . Nausea and lameness of the back continue. S.
  - . Lameness of the lumbar region. S.
  - . Severe pain under the lower angle of the left scapula, worse when moving or breathing; cannot take a full breath without aggravating the pain. F. (2.)
155. The pain under the scapula has been very severe and troublesome, could scarcely turn over or move without suffering from it. F. (2.)

#### SHOULDERS AND UPPER LIMBS.

- . Numb, weak feeling in the left shoulder and arm. Bl. (12.) (a. 15. m.) (C.)
  - . The left arm feels numb and powerless, and a similar sensation soon afterward appeared in the left leg. Bl. (12.)
  - . Peculiar numb feeling in the left arm and hand, with pain in the internal surface of the arm, and tingling of the palm of the hand and of the fingers, increased by motion, and continuing one hour. Bl. (2.) (a. 25. m.)
  - . Pain in the anterior portion of the right thigh. S.
160. Spasms in the extremities. T. (Ab.)

## THE WHOLE BODY.

- . General debility, want of energy, and indisposition to do anything. Bl. (12.)
- . While walking the limbs ache, his gait is unsteady, and the debility is increased. Bl. (12.) (a. 2. h.)
- . General debility. Bl. (11.)
- . Chilliness all over the body. Bl. (11.)
- 165. Feeling of weakness. vv. S. (12.)
- . Boring pain in the right ear; sharp pain in the temples, worse in the left; pain in the lumbar region, and in the anterior portion of the right thigh; chilly feeling over the entire body; skin is sensitive to contact with the clothing, which produces a chilly sensation. S. (12.)
- . Vomiting of a liquid containing green-colored particles of the Arsenite; paleness of the face with pain in the abdomen; pulse frequent and skin cold, with great depression; copious purging. T.
- . Irritation of, and watery discharge from, the nose, swelling of the lips and nostrils, headache, severe colic and great muscular weakness. T.
- 170. Staggering gait; Spasms; great exhaustion. N & T.
- . Fainting. N. & T.
- . Boils; inflammation of the eyes, and other symptoms of irritation. T.
- . Took last night a cup of coffee, and this morning the chilly, creeping sensation and the sensitiveness of the skin are relieved. Was the coffee (which I am not in the habit of drinking) instrumental in dissipating these symptoms?
- . °Cramps in the stomach and bowels, followed by soreness of the throat and swelling of the tonsils with burning in the throat; soreness, with swelling of the glands of the neck, with stiffness of the neck; great debility with pain in the back. (Cured by 6th potency.)
- 175. °Nausea, with burning pain in the stomach and

bowels; palpitation of the heart, with trembling of the limbs; headache, particularly in the forehead, but the entire head feels bruised; jerking in the limbs. (Cured by 6th and 12th.)

. Debility. vv. F. (2.)

#### SLEEP.

- . He could not sleep until 2 A.M. on account of severe headache. Bl. (12.) (a. 2½ h.)
- . Felt better after awaking. S. (3.)
- . *Sleeplessness*. N. & T.

#### SKIN.

180. A chronic itching, which has been a little annoying at times, is materially aggravated; it is felt only in the arms and legs. S. (9.)
- . The itching of the arms and legs very much increased; small, thickly studded elevations which bleed after scratching; scratching aggravates to such a degree as to be almost unbearable. S. (3.)
  - . The itching remained unabated for several weeks after the last medicine was taken. S.
  - . The itching of the arms and legs has been so persistent during the day, but more particularly when undressing at night, and often when in bed, that nothing but severe rubbing with a hard, coarse prickly instrument, tearing up the cuticle and converting the itching into a soreness, would give the slightest relief. S.
  - . This chronic itching of the skin, but only in a slight degree, I have, at times, experienced as long as I can remember; but never was such raking necessary to allay the itching that was intolerable without it. S.
185. Boils. T.
- . Pustular tumors on the wrists and ankles; and ex-

cessive sensitiveness and irritability of the skin.  
vv. T.

- . Skin is sensitive to contact with the clothing, which produces a chilly, creeping sensation. S. (3.) (W. B.)
- . Eruptions of the skin; cedema of the face; boils frequently forming in the scrotum. T.

#### FEVER.

- . Chilliness all over the body. Bl. (11.)
- 190. Chilly feeling over the entire body. vv. S. (3.) (W. B.)
- . Chilly, creeping sensation, produced by the contact of the clothing. S. (3.) (W. B.)
- . *Thirst*, which is unusual for me; have a desire now for water *cold*, several times a day; a wine glassful suffices each time. S. (3.)
- . The thirst continued for several weeks after taking the last medicine. S.
- . Cold sweats; intense thirst. T. (Ab.)
- 195. Pulse frequent and skin cold, with great depression. T. (W. B.)
- . Thirst. T. (Ab.)
- . Increased temperature of the skin. N. & T.
- . Small, quick, irritated, or else spasmodically contracted pulse. N. & T.
- . Intense thirst. vv. N. & T.

#### SIDES.

- . The left scapula, left chest, left side of the back, and left shoulder and arm are affected immediately after taking the first dose. (C.)
- . The left arm feels numb and powerless, afterwards the left leg is similarly affected. The headache finally settles in the right side of the forehead.
- . Dull soreness in the right internal ear. v.
- . Soreness of the bones of the right side of the face.
- . Shooting pain in the left upper molars. v.
- . Boring pain above the left superior orbital arch.

- . Intermittent and throbbing pain in the right half of the inferior maxillary bone.
- . Severe, sharp pain in the superior arch of the right orbital bone.
- . Soreness of the right temple when pressed against the pillow.
- . Severe pain in the left temple.
- . Dull soreness in the right side of the chest.
- . Soreness of the bones of the left side of the head and face.
- . Boring pain in the right ear; sharp pain in the temples, worse in the left. S.
- . Pain in the right lumbar region, and in the anterior portion of the right thigh. S.
- . Pain in the right upper, and left lower, molars. S.

#### TIMES OF DAY.

- . Headache very severe all evening and bones of face very sore. Bl.
- . Dulness and soreness of the head in the morning after awaking. Bl.
- . During the forenoon there was relief from all the symptoms. Bl.
- . He awoke with the same dulness of the head as on previous morning. vv. Bl.
- . Dull, heavy pain in the head the entire evening. Bl.
- . Very severe frontal headache, with soreness of the orbital bones, after retiring to rest. Bl.
- . Dull headache the entire forenoon. Bl.
- . Nausea and lameness of the back in the evening. S.
- . Nausea, with bitter taste, on awaking in the morning. S.
- . Felt better after awaking. S.
- . The itching is very severe in the evening, and often when in bed. S.
- . Itching of the scalp in the evening and at night. F.

## TOUCH AND MOTION.

- . The headache disappeared while sitting, but returned very severely while walking up and down the room. Bl.
- . The aggravation of the headache by motion and the amelioration by rest were frequently verified. Bl.
- . While walking the limbs ache, his gait is unsteady and the debility is increased. Bl.
- . Soreness of the left superior orbital arch when touched. Bl.
- . Soreness of the right temple when pressed against the pillow. Bl.
- . Moving about aggravated the stiffness and lameness of the back which had been better during rest; it returned again after sitting awhile. S.
- . Scratching renders the itching almost unbearable. S.
- . Skin is sensitive to contact with the clothing, which produces a chilly sensation. S.
- . The epigastric region is sensitive to the least touch. N. & T.
- . The symptoms are ameliorated by rest and aggravated by motion. Bl.
- . Moving the head aggravated the pain in the neck. (W. B.)
- . Motion aggravated the pain under the left scapula. F.

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WE close up Volume 3 of the *Hahnemannian Monthly* with the present issue. Our readers will observe that there are but two forms, but they will remember that the June Number contained an additional 16 pp. No. 1 of Vol. 4 will be issued on August 1st. We commence the new volume under most favorable auspices, and with an increased subscription list.

## JOHN BARKER, M. D., BROOKLYN, N. Y.

At the annual meeting of the Homœopathic Medical Society of the County of Kings, held on Tuesday evening, May 12th, 1868, the following resolutions were adopted, viz:

*Whereas*, Since the last meeting of the *Homœopathic Medical Society of the County of Kings*, we have been called to mourn the loss of another of our members, DR. JOHN BARKER, one of the brightest ornaments of our profession, and who, by his peculiar genial manners, and sincere devotion to the interests and welfare of others, won in an eminent degree the confidence and esteem of a very large circle of friends and patrons in the community; and who, by his uniform courtesy and kindness, commanded the respect and affectionate regard of his professional associates, while yet in the prime of life, and in the full tide of usefulness, was, after a painfully protracted illness, removed by death from the sphere of his earthly labor, on the 18th of April last:

*Resolved*, That in the death of DR. BARKER, we mourn the loss of a faithful, talented and successful physician, a genial, warm-hearted friend and brother, a conscientious Christian man.

*Resolved*, That we tender to the large circle of friends and patrons of our beloved brother, who, by his death, suffer the loss of a skillful physician, endeared to them by a life of kindness and devotion to their welfare in many seasons of trial and affliction, our heartiest sympathies.

*Resolved*, That while we join with his deeply afflicted circle of relatives, in sorrow for the loss of a brother and friend beloved, we thank God and rejoice that throughout his sickness he was sustained by an unvarying confidence and trust in Christ as his Saviour, and in the hour of death was enabled to rejoice in the hope of blessed immortality.

*Resolved*, That a copy of these resolutions be handed to the friends of the deceased brother, and that they be published in the papers of this city, and in the Homœopathic journals.

HENRY MINTON, M. D., *President*.

B. FINCKE, M. D., *Rec. Secretary*.

## PUBLICATIONS RECEIVED.

**MONTHLY HOMŒOPATHIC REVIEW.** May, June. Henry Turner & Co., London.

**AMERICAN HOMŒOPATHIC OBSERVER.** June.

**AMERICAN JOURNAL OF THE HOMŒOPATHIC MATERIA MEDICA.** May, June.

**NORTH AMERICAN JOURNAL OF HOMŒOPATHY.** May. William Radde, 550 Pearl Street, New York.

**TRANSACTIONS OF THE TWENTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY,** held in New York, June 4, 5, 6, and 7, 1867. Vol. I., new series, No. 1. Boston: 1868.

We cannot speak too highly of this volume of the "Transactions" of the Institute. The printer has done his part well and given us the benefit of clear type, good paper and superior execution; but to Dr. Talbot and his co-laborers the members of the Institute lie under a weight of obligation. The new arrangement, simple and practical, we feel assured will be fully appreciated, as it renders the pith of the proceedings more readily accessible and permits of a series being bound in one volume, forming a work of reference of great usefulness. The amount of labor expended in preparing this volume for and carrying it through the press has, we know, been very great, and we now take this opportunity of thanking the secretaries of the Institute for their devotedness to the task.

As regards the contents of the volume quite as much can be said in its praise. The twentieth annual session of the Institute was probably one of the largest, and undoubtedly one of the most successful ever held; apparently the commencement of a new era in the history of the organization; and the reports of Bureaus, and voluntary contributions presented in this book, attest the interesting character of the proceedings. The provings of *Pulsatilla Nuttalliana*, *Hydnastis Canadensis* and *Lilium Tigrinum* are very valuable

and have been anxiously looked for; while the papers accompanying the reports of the Bureaus of Clinical Medicine, Obstetrics, Surgery, etc., were never more interesting and valuable. It would seem almost a pity, if it were not such a capital joke, that so much valuable time was consumed in a debate (represented by nearly thirty pages of the transactions) resulting from an attack on the "Code of Ethics," mainly on the ground of verbosity.

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### EDITORIAL.

PAPER FOR SURGICAL DRESSINGS. During the late European war, the surgeons in the Prussian army resorted in many instances to paper as a dressing for wounds, in place of lint, and its use appeared to be accompanied with no disadvantages. Recently, Dr. Addinell Hewson, one of the surgeons to the Pennsylvania Hospital, has been experimenting in this direction, and used exclusively, during his term of service, *unsized* paper, instead of patent lint. By a series of experiments he ascertained that in *absorbing* and *retaining* moisture, the paper ordinarily used in printing newspapers fully equaled, if it did not surpass, patent lint. Paper, however, has not merely been used as a substitute for lint, but for oiled silk as well, of which, in a large hospital, so much is used in covering wet dressings, etc., to prevent evaporation. For this latter purpose "Manilla" paper of that sort which forms a part of the *necessary* conveniences of every well-ordered hotel, was thinly coated with a layer of yellow wax. Upon the score of economy, it will be readily perceived that paper would be an excellent substitute for patent lint and oiled silk, and Dr. Hewson claims for it every other advantage. He says,\* "I have tested 'paper dressings' in all varieties of simple, incised and lacerated wounds, in compound fractures, on suppurating surfaces, whether inflamed, indolent or otherwise, and in all the major and minor operations which I performed, both as primary and secondary dressings, and with never any results which could lead me to consider paper inferior to the other means which I had been in the habit of employing for these purposes."

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\* Pennsylvania Hospital Reports, Vol. I., 1868, Phila.

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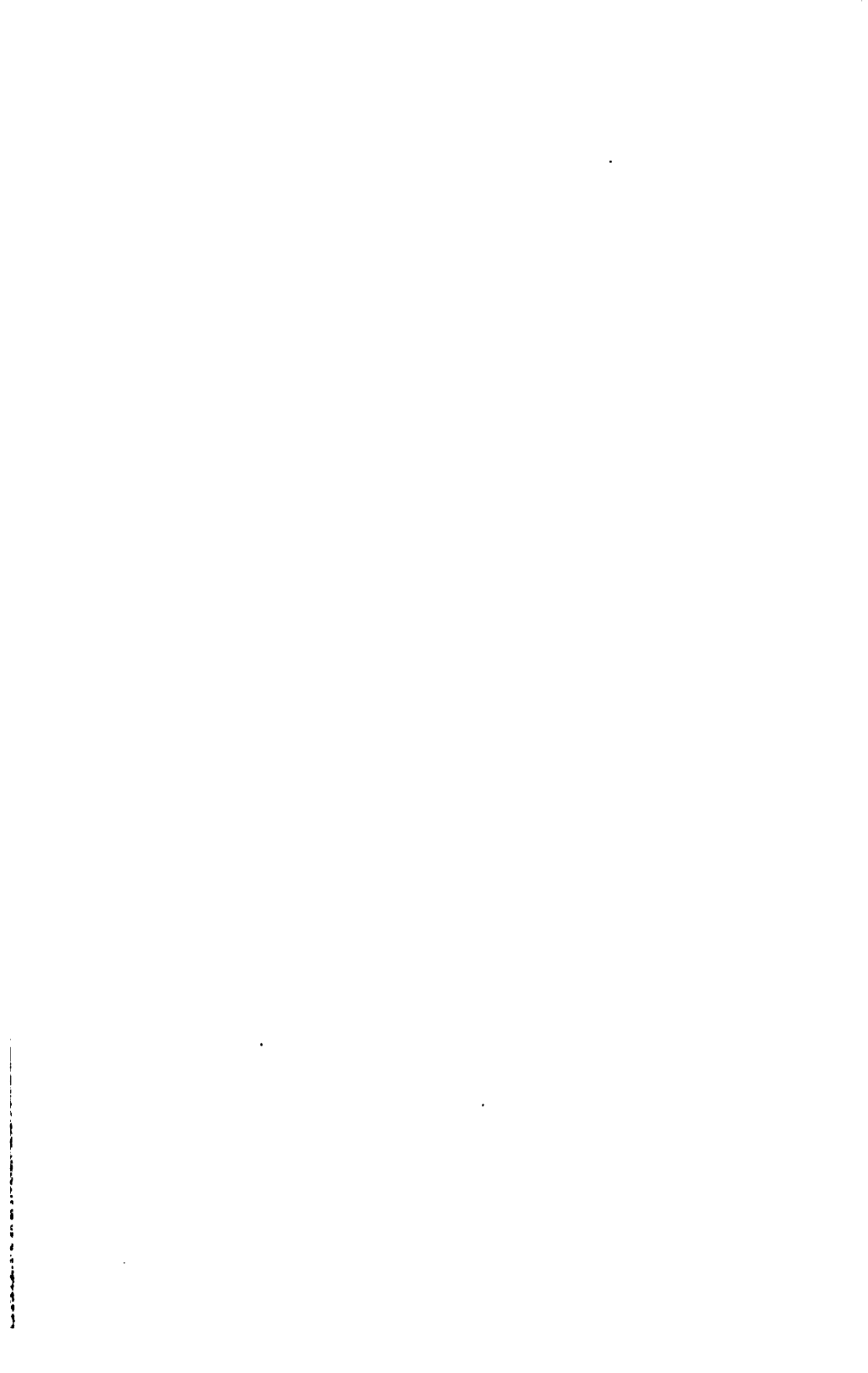
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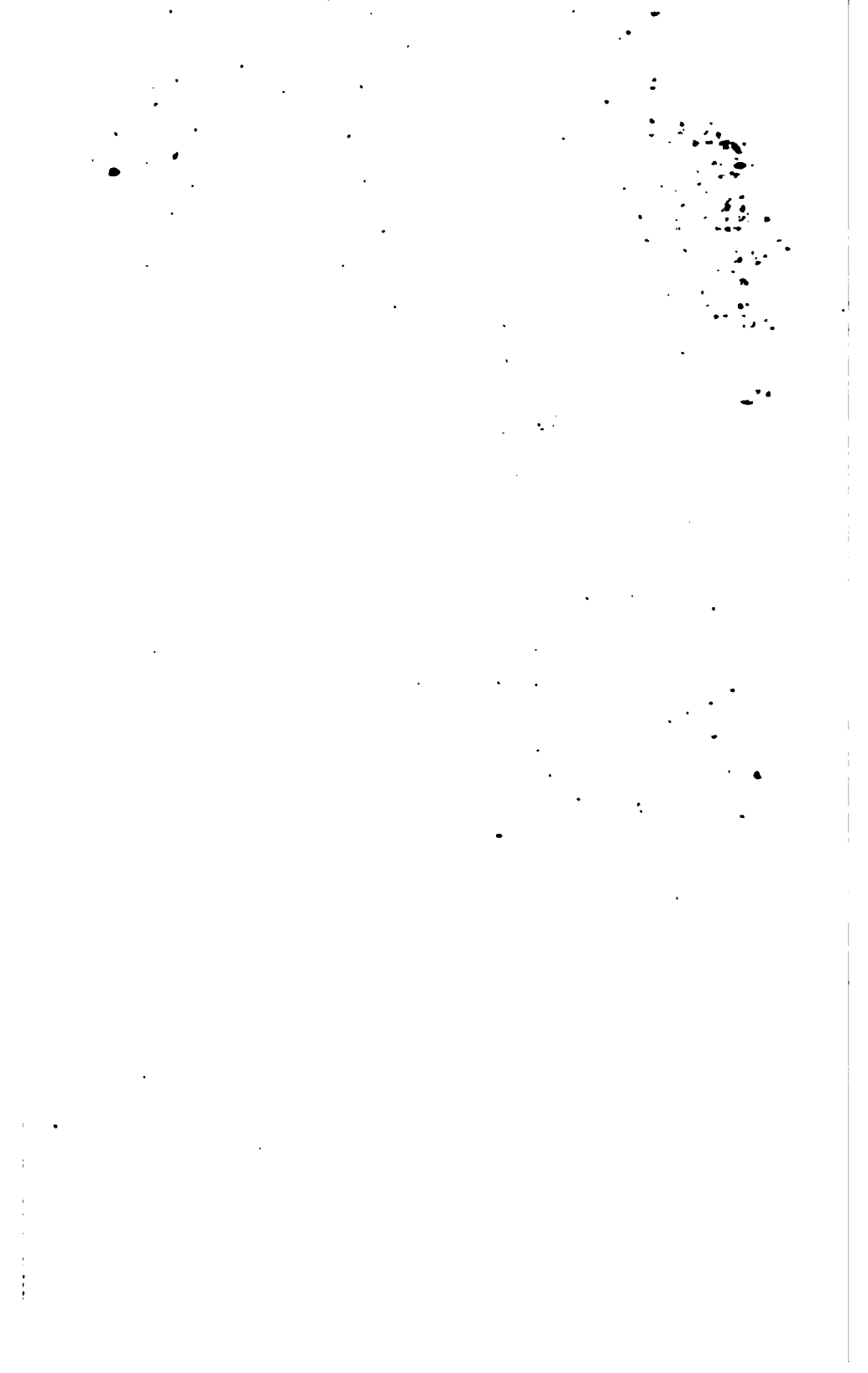
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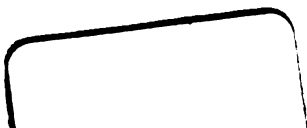








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